

State of Delaware



CHILD AND FAMILY SERVICES PLAN

2021 ANNUAL PROGRESS AND SERVICES REPORT

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES**

**1825 FAULKLAND ROAD
WILMINGTON, DE 19805**

Table of Contents

I.	Collaboration and Feedback Loops	5
II.	Update of Assessment of Current Performance in Improving Outcomes	6
	Context Statistics	6
	National Standards	6
	Child and Family Services Review	7
	Data Analysis and Discussion	11
	Stakeholder Input	12
	Information System	12
	Case Review System	12
	Quality Assurance System	13
	Staff Training System	14
	Service Array System	15
	Agency Responsiveness to Community System	16
	Foster and Adoptive Parent Licensing, Recruitment and Retention System	16
	Assessment Summary	17
III.	Update to the Plan for Enacting the State’s Vision and Progress Made to Improve to Improve Outcomes	21
	Revision to Goals, Objectives and Interventions (CFSP, 2021 Edition)	21
	Implementation and Program Supports	21
	Staff Training	23
IV.	Update on Progress Made to Improve Outcomes (Progress Report)	32
	Safety	32
	Permanency	47
	Well-Being	69
	Quality Assurance System	83
	Workforce Stability and Development	92
	Service Array	106
V.	Statewide Community Service Partner Updates	123
	Internal Partners	123
	Community Partners	140
VI.	Quality Assurance System	151
VII.	Update on Service Description	152
	Stephanie Tubbs Jones Child Welfare Services Program -Title IV-B, subpart 1	152
	Services for Children Adopted from Other Countries	152
	Services for Children Under the Age of Five	153
	Efforts to Track and Prevent Child Maltreatment Deaths	155

	MaryLee Allen Promoting Safe and Stable Families Program (PSSF)-Title IV-B, Subpart 2	155
	Service Decision-Making Process for Family Support Services	156
	Populations at Greatest Risk of Maltreatment	157
	Kinship Navigator Funding	158
	Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits	158
	Adoption and Legal Guardianship Incentive Payments	158
	Adoption Savings	158
	John H. Chafee Foster Care Program for Successful Transition to Adulthood	158
	Chafee Training	161
	Education and Training Vouchers	161
	Consultation with Tribes (Chafee)	161
VIII.	Consultation and Coordination Between States and Tribes	162
IX.	CAPTA State Plan Requirements and Updates	162
X.	Updates to Targeted Plans within the 2020-2024 CFSP	165
	Foster and Adoptive Parent Diligent Recruitment Plan	165
	Health Care Oversight and Coordination Plan	165
	Disaster Plan	166
	Training Plan	167
XI.	Statistical and Supporting Information	167
	Information on Child Protective Service Workforce	167
	Juvenile Justice Transfers	169
	Education and Training Vouchers	169
	Inter-Country Adoptions	169
	Monthly Caseworker Visit Data	169
XII.	Financial Information	169
	Payment Limitations – Title IV-B, subpart 1	169
	Payment Limitations – Title IV-B, subpart 2	169
	Payment Limitations - Chafee Program	169
	FFY2020 Budget Request Revision – CFS-101, Parts I and II	169
	FFY2021 Budget Request – CFS-101, Parts I and II	169
	FFY2018 Title IV-B Expenditure Report – CFS-101, Part III	169
XIII.	Grant Applications	171
	Child Abuse Prevention and Treatment Act	171
	Stephanie Tubbs Jones Child Welfare Services	174
	Promoting Safe and Stable Families	177
	Monthly Caseworker Visits	182
	Chafee Foster Care Independent Living Program	185
	Education and Training Vouchers	188

XIV. Attachments

CFSP 2021 Edition	21
Staff Training Chart 2021	25
DFS New Worker Training 2020	30
Delaware Rocks	84
DFS TOL NET Brief – 12 th Edition	101
DSCYF 2020 Training Plan	105
AIDHC-DFS Data 2019	163
Foster and Adoptive Parent Marketing, Recruitment and Retention Plan 2020	165
DFS Emergency Procedures April 2020	166
ETV Attachment D	169
Delaware FY19 CFS-101 Part I Revision	170
Delaware FY21 CFS-101 Part I and CFS 101 Part II	170
Delaware FY18 CFS-101 Part III	170

2020 Annual Progress and Services Report

I. Collaboration and Feedback Loops

In preparing the FFY2021 Annual Progress and Services Report (APSR), the Division of Family Services (DFS) shares writing and editorial input with over 20 agency and community partners. Internal contributors for the APSR include representatives from DFS, Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), Division of Management and Support Services (DMMS) Office of Case Management, Interstate Compact Unit and Center for Professional Development and the Office of Child Care Licensing (OCCL). External contributors include Court Improvement Program (CIP), Office of the Child Advocate (OCA), Children's Advocacy Center (CAC), Prevent Child Abuse Delaware (PCAD), Department of Education (DOE) and Division of Public Health (DPH).

Delaware's federal grantees for Community-Based Child Abuse Prevention (CBCAP), Court Improvement Program (CIP) and child welfare grants formed the Integrated Child Welfare Planning Collaborative (ICWPC) in May 2019. The membership grew to represent 19 agencies or offices by April 2020. The collaborative has umbrella goals supporting healthy children, families and communities in Delaware. This group meets quarterly and the initial focus is to strengthen and communicate Delaware's child welfare service array. A stakeholder meeting hosted by DFS, PCAD and CIP occurred September 19, 2019 with 52 of 109 invitees attending including representatives from the Department of Services for Children, Youth and Their Families, Department of Health and Human Services (DHSS), Department of Justice, foster parents, various community service agencies and the Nanticoke Indian Association. The event focused on system wide statistics and demographics of Delaware's population and the federal call to action to strengthen prevention services. As a group activity, strengths and weaknesses of Delaware's child welfare service continuum were documented. While participants listed numerous strengths and weaknesses, by vote, the primary gaps were universal home visiting for newborns, child care for low income families, access to transportation, early education teachers, transition to adulthood services, afterschool activities, therapeutic foster homes, respite care for all families, child psychiatry, kinship support, and service capacity. The group agreed that communication of the current service array and service availability was a weakness. This information was shared with ICWPC members at subsequent meetings. That group focuses on how services are documented and communicated to front line professionals and consumers. Delaware's 2-1-1 service is the most used web-based storehouse of community based services and features early child care. Service providers can list and update services electronically. Unite DE is a new web-based community service and referral tracking platform and invites community partners to join.

Stakeholder input is gathered through CPAC public meetings, semi-annual stakeholder meetings, contracted provider meetings, foster parent conferences and staff surveys. Ongoing community partnership meetings with CIP and ICWPC provide forums for feedback on programming and performance measures. DFS participates on community committees for human trafficking, domestic violence, education and substance abuse. DFS' continuous quality improvement (CQI) subcommittees for data quality, intact families and periodic reviews include stakeholder input from front line caseworkers, supervisors, and community partners.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Review are accessible at this web address:

http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml Annual Reports are posted upon Administration for Children and Families' approval. State contact is Keith Zirkle, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302.633.2709; james.zirkle@delaware.gov

II. Update to the Assessment of Current Performance in Improving Outcomes

Context Statistics

Delaware's child welfare strategic assessment and planning is best understood within the context of the population served. DFS received 21,530 reports of abuse, neglect and dependency referrals in FY2019 and, screened-in 8,839 or 41% of those reports. Compared to FY2018, the number of reports received increased by 5%, while the number screened-in increased by 2%. Of all cases investigated 828 or 19% were substantiated, a decrease of 9% over the number of cases substantiated in FY2018. In FY2019, a total of 2,250 families and children received treatment services compared to 2,332 in FY2018, a decrease of 4%. The average monthly placement (DFS out-of-home care) population in FY2019 was 661, a decrease of 13% from the FY2018 average of 759. Two hundred ninety (290) children entered initial DFS placements and 447 children exited placement in FY2019. There were 1,029 children who spent at least one day in foster care during FY2019. This was an 8% decrease from the 1149 children who spent at least one day in foster care during FY2018. In reviewing placement stability within the first 1,000 days, there was an average of 5.4 moves for FY2019 compared to 4.6 moves in FY2018, a 17% increase. At the end of the fiscal year, there were 589 children in DFS out-of-home care, a decrease of 16% from 686 children in care at the end of FY2018. In FY2019, 135 children for whom the Division held parental rights were adopted and 43% of these adoptions were within 24 months of entry into care. At the end of FY2019, the Office of Child Care Licensing's total count of licensed facilities in Delaware was 1,126. These facilities have the capacity to serve 50,579 children. The Criminal History Unit completed 9,929 criminal history record checks and 71,058 Child Protection Registry checks, resulting in the disclosure of 3,907 arrest reports. The unit also requested approximately 70 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006 during FY2019.

As of March 31, 2020, investigation caseload average for fully functioning caseworkers is 16.7 and treatment average caseload for fully functioning caseworkers is 13.4.

Kids Count® ranks Delaware 25th in the nation for overall child well-being in 2019 and 30th for family and community. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1000 in 2018.

National Standards

Delaware uses federal syntax for safety and permanency measures defined by CFSR Round 3 national data profiles. National standards (CFSR Round 3) use Risk Standardized Performance (RSP) scoring and 95% confidence intervals for 7 safety and permanency measures. State scores fall within three interval categories: 1) better than, 2) no different than, and 3) worse than national performance. The below chart shows Delaware's scores per measure as of the February 2020

CFSR3 Data Profile report. Data sources are submissions of Adoption and Foster Care Analysis and Reporting System, and National Child Abuse and Neglect Data System files through December 2019.

Note: In February 2018, Delaware implemented a new Statewide Automated Child Welfare Information System (SACWIS) system, FOCUS (For Our Children's Ultimate Success). FOCUS development is ongoing and corrections occur daily. Currently, a problem exists regarding placement episode calculations. It is impacting our AFCARS report and has caused a data quality issue in regards to discharge reasons and therefore some outcomes are not available for FY2019 (Permanency in 12 months and Re-entry into foster care). This issue is being addressed. Once it is resolved Delaware will be resubmitting AFCARS for FY2018 and FY2019.

CFSR Round 3 Measure and Data Standard	RSP Interval and Data Period	Performance Category
Permanency in 12 months (entries) - 42.7%	30.5 (26.1%-35.4%) 10-1-14 to 9-30-17	Worse than national performance
Permanency in 12 months (12-23 mons) - 45.9%	41.3% (38.7%-48.3%) 10-1-18 to 9-30-19	No different than national performance
Permanency in 12 months (24+ mons) - 31.8%	37.5% (31.9%-43.5%) 10-1-18 to 9-30-18	Better than national performance
Re-entry to foster care - 8.1%	5.6% (2.9%-10.4%) 10-1-14 to 9-30-17	No different than national performance
Placement stability (moves/1,000 days in care) - 4.44	5.13 (4.52-5.82) 10-1-18 to 9-30-19	Worse than national performance
Maltreatment in care (victimizations/100,000 days in care) - 9.67	5.91 (3.53-9.87) 10-1-16 to 9-30-18	No different than national performance
Recurrence of maltreatment - 9.5%	5.4% (4.3%-6.8%) FY17-18	Better than national performance

Child and Family Services Review

The third round of the Child and Family Services Review (CFSR) improvement plan implementation phase ended March 30, 2019. To review, the federal review occurred 2015 with 86 case reviews conducted in four regional sites between April and July. Over 20 stakeholder interviews occurred May 11-20, 2015. The Program Improvement Plan (PIP) was approved effective April 1, 2017 and officially ended March 30, 2020. The following is a summary of the findings; see the CFSR Final Report for details:

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

Delaware identified these areas needing improvement:

Case related:

- Priority 3 investigation timeliness
- Assessing safety consistently in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups

- Consistent notice of hearings to caregivers
- Improving children's physical and dental health services and documentation

System related:

- Reforming quality assurance (QA) case review system
- Designing and implementing child welfare supervisor training
- Consistent private agency foster parent training
- Improving service array
- Strengthening family engagement in assessment, planning and placement activities; targeting intact families and fathers

The Program Improvement Plan had 20 strategies with activities to make improvements to these case and system related areas needing improvement. Using the federal On-Site Review Instrument (OSRI) as the agency's case review tool takes advantage of the automated report features of the Online Monitoring System (OMS) to measure progress towards goals established in CFSR PIP Measurement Plan. Delaware restarted case reviews April 2018 after early challenges to complete timely reviews with fidelity. Delaware established a case review team to conduct case reviews. In March 2020, Delaware completed the third round of PIP monitored case reviews. In June, the agency chose the option to conduct another 6-month PIP reporting period to achieve unmet performance goals for Items 1, 6, and 14.

Quality Assurance Case Reviews of CFSR PIP Items

This is a summary table of the CFSR PIP items using OSRI findings as the measurement tool, compares the 2015 baseline performance with improvement goals and performance rating.

OSRI Items	Baseline	Improvement Goal	Status (Performance)
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	81.08%	89.3%	Did not achieve (80%)
Item 3: Risk and safety assessment and management	90.70%	94.7%	Achieved (91%)
Item 5: Permanency goal for child	74.50%	82.3%	Achieved (92%)
Item 6: Achieving reunification, guardianship, adoption or APPLA (Another Planned Permanent Living Arrangement)	82.69%	89.4%	Did not achieve (87%)
Item 12: Needs and services of child, parents, and foster parents	73.26%	79.40%	Achieved (79%)
Item 13: Child and family involvement in case planning	74.70%	80.8%	Achieved (84%)
Item 14: Caseworker visits with child	86.05%	90.8%	Did not achieve (81%)

Item 15: Caseworker visits with parents	68.06%	75.1%	Achieved (76%)
---	--------	-------	-------------------

Delaware utilized the federal OSRI to conduct quality assurance case reviews of foster care, in-home treatment, FAIR (Family Assessment and Intervention Response - differential response track) and Promoting Safe and Stable Family cases. Delaware conducted 4 rounds of case reviews, a total of 324 case reviews from April 2018 to March 2020. Each round consisted of 90 case reviews per a 6-month time span, except for round 3 (April 2018-September 2019) where only 54 case reviews were completed. The following chart shows the national performance of 38 states, Delaware's overall performance by item on all completed reviews and the most recent measurement period.

OSRI Items	NATIONAL PERFORMANCE	DE ALL REVIEWS	DE CURRENT REVIEWS
	CFSR Round 3	4/18-3/20	3/31/20
		n=324	n=90
Item 1: Timeliness of initiating investigations of reports of child maltreatment	72%	76.74%	80.39%
Item 2: Services to family to protect children in the home and prevent removal	68%	97.44%	93.33%
Item 3: Risk and safety assessment and management	57%	74.76%	66.67%
Item 4: Placement stability	74%	72.34%	87.04%
Item 5: Permanency goal for child	60%	88.30%	90.74%
Item 6: Achieving reunification, guardianship, adoption or APPLA	44%	86.17%	87.04%
Item 7: Placement with Siblings	81%	90.63%	90.32%
Item 8: Visitation with parents and siblings	62%	90.32%	97.14%
Item 9: Preserving connections	67%	98.94%	100.00%
Item 10: Relative placement	70%	97.22%	98.00%
Item 11: Maintaining relationship with parents	58%	93.07%	96.55%
Item 12: Needs and service of child, parents, and foster parents	41%	73.05%	70.00%
Item 13: Child and family involvement in case planning	51%	75.09%	67.82%
Item 14: Caseworker visits with child	66%	76.30%	75.56%
Item 15: Caseworker visits with parents	42%	71.13%	64.79%
Item 16: Educational needs of child	82%	98.88%	97.83%
Item 17: Physical needs of child	72%	95.80%	97.14%
Item 18: Mental/behavioral health of the child	61%	94.58%	85.37%

Showing another view of performance during the PIP period, the next chart demonstrates Delaware's performance by outcome for CFSR Round 3 baseline in 2015 and for each PIP monitored period, along with national performance of 38 completed state reviews.

		Delaware Baseline	Period 1	Period 2	Period 4
	CFSR Round 3	2015	April - Sept 2018	Oct 2018 - March 2019	Oct 2019 - March 2020
	38 States	n=90	n=90	n=90	n=90
	National Performance				
SAFETY OUTCOME 1	72%	81%	71%	73%	80%
SAFETY OUTCOME 2	56%	91%	84%	70%	66%
PERMANENCY OUTCOME 1	29%	56%	56%	56%	76%
PERMANENCY OUTCOME 2	61%	81%	93%	98%	98%
WELL BEING 1	37%	70%	72%	64%	68%
WELL BEING 2	82%	98%	98%	100%	97%
WELL BEING 3	59%	83%	99%	90%	89%

DFS also conducts quality assurance reviews of investigation cases. The table below lists performance for CY2019 on safety assessment elements and a combined safety assessment score. (N=77, January-December 2019, statewide assignments)

QA Investigation Case Review Detail	% of Reviewers Agreeing
SA1. Was the Safety Assessment completed on the appropriate household(s)?	98.6%
SA2. Was safety assessed for all children in the household?	97.2%
SA3. If "No" to Question SA2, was the reason documented?	No data
SA4. Were all safety threats identified for each child?	93.3%
SA5. Were the identified protective capacities documented during the contact(s) with the family?	96.4%
SA6. Were the indicated safety interventions appropriate for the identified threats?	97.6%
SA7. Is the final safety finding correct/appropriate?	98.6%
SA8. Was a Child Safety Agreement completed according to policy?	85.7%
SA9. If a Child Safety Agreement was completed, did it address the threats adequately?	100%
Combined Score for Safety Assessment	96.2%

Data Analysis and Discussion

These performance measures present a varied picture of the agency's efforts to address the seven Safety, Permanency and Well-being Outcomes. Delaware's national data profile measures continue to comply with established standards for safety. Delaware has scored better than national performance on reoccurrence of maltreatment and better than or no different than national performance on maltreatment in care since onset of CFSR Round 3 measures began. Kids Count® data shows the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1,000 in 2018. Delaware scores above CFSR Round 3 national performance on all safety outcomes. For Safety Outcome 1, Item: 1 Timeliness of investigation, case review results show Delaware declining since 2015 but with improvement over the last 4 years. Although Delaware exceeds at providing services to protect children and prevent removal as shown by the 97% case review performance, Delaware has shown an ongoing decline in performance on Safety Outcome 2, primarily related to our lower performance on Item 3: Ongoing risk and safety assessment and management. This correlates with declining performance on caseworker visits with children for intact families as well as high staff turnover rates.

DFS' quality assurance investigation case reviews show an improvement in each safety area identified from CY2018. Investigation case review results indicate reviewers agree with safety assessment and planning with combined scoring of 96.2% in CY19 as compared to 88.7% in CY18. There is no data available for the question: "SA3. If "No" to Question SA2, was the reason documented?" due to an error on the tool. Delaware made significant improvements on the number of safety assessments completed on the appropriate household, (98.6% in CY19, 88.8% in CY18), identified protective capacities (96.4% in CY19, 88.1% in CY18), safety agreement completed according to policy (85.7% in CY19, 76.6% in CY18), and safety agreement addressed the threats adequately (100% in CY19, 90.3% in CY18). Completing safety agreements according to policy is below expectations.

The average monthly DFS out-of-home care population in FY2019 was 661, a decrease of 13% from the FY2018 average of 759. Two hundred ninety (290) children entered initial DFS placements and 447 children exited placement in FY2019. There were 1029 children who spent at least one day in foster care during FY2019. This was an 8% decrease from the 1,149 children in who spent at least one day in foster care during FY2018. At the end of the FY2019, there were 589 children in DFS out-of-home care, a decrease of 16% from 686 children in care at the end of FY2018. On 4/13/20, there were 587 children in DFS custody with 576 in foster care. In FY2019, 447 youth exited foster care as compared to 416 in FY2018. Of these youth exiting care in FY2019, 29% had custody rescinded to original custodian (36% in FY2018), 26% were placed with guardians (25% in FY2018), 30% were adopted (27% in FY2018), and 15% reached age of majority (12% in FY2018). In FY2019, 135 children for whom the Division held parental rights were adopted and 43% of these adoptions were within 24 months of entry into care. Case reviews show that Delaware has continued to improve performance on both permanency outcomes and is significantly better than national performance. Although no data is able to be provided for permanency in 12 months due to data quality issues, the state data profile shows that Delaware scores no different than national performance for permanency within 12 months for children in care 12-24 months and better than national performance for permanency within 12 months for children in care more than 24 months for FY2019. Of the 324 case reviews completed, 204 were foster care

cases. Of those, 93 children exited care during the case review period. Of those children, 44% exited care within 12 months of entering care (41% reunification, 37% guardianship, 7% adoption, and 15% APPLA), 25% achieved permanency within 12 months after being in care 12-23 months (22% reunification, 17% guardianship, 48% adoption, 13% APPLA), and 31% achieved permanency within 12 months after being in care 24+ months (3% reunification, 17% guardianship, 41% adoption, and 38% APPLA).

In reviewing placement stability within the first 1,000 days on the CFSR 3 Data Profile, there was an average of 5.4 moves for FY2019 compared to 4.6 moves in FY2018, a 17% increase. Current case review performance results, however, show a 13% improvement from our 2015 baseline for item 4, placement stability. At the end of the fiscal year, there were 589 children in DFS out-of-home care, a decrease of 16% from 686 children in care at the end of FY2018. As of 4/13/20, the two highest populations of foster children are the age 0-1 population with 15% and age 16 and above with 29%.

Kids Count® ranks Delaware 25th in the nation for overall child well-being in 2019 and 30th for family and community. Case reviews show that Delaware is exceeding national performance in all three Well Being Outcomes. For Well Being Outcome 2, education needs of children, Delaware scores 97% or higher since the 2015 baseline. Delaware improved from the baseline performance in all Well Being Outcome items.

Stakeholder Input

DFS, CIP and CBCAP hosted a stakeholder meeting September 19, 2019. The group focused on Delaware's child welfare service array and identified strengths and weaknesses. See Section I, Collaboration for further detail.

A second stakeholder meeting scheduled for April 2020 was canceled due to the Governor's COVID-19 state of emergency order.

Information System

DSCYF's information system, FOCUS, went live February 6, 2018. Change requests and edits regularly update the system. SACWIS compliance is obsolete and the agency is transitioning to Comprehensive Child Welfare Information System (CCWIS). The Adoption and Foster Care Analysis and Reporting System (AFCARS) Improvement Plan contains actions to improve data organization, element definitions and mapping.

Case Review System

Review of system data are standing agenda items at CIP Steering Committee and Child Protection Accountability Commission (CPAC) meetings to keep court, agency and system partners informed of performance. CIP data measures including the following are shared regularly: timeliness of hearings (Adjudicatory, Dispositional, Reviews, and Permanency); timely filings of termination of parental rights (TPR) petitions and timeliness of permanency by type. Delaware continues to demonstrate that hearing timeliness is strong; however, there are some outlier cases where we are not meeting guidelines. In FY2019, 135 children for whom the Division held parental rights were adopted and 43% of these adoptions were within 24 months of entry into care. Timeliness of

permanency exits are discussed in Section II., National Standards. Delaware meets the standards except for permanency exits within 12 months of entering foster care.

Collaboration between Family Court, DFS, child advocates and system partners leads to joint trainings, technical assistance and resources to strengthen timely exits to permanency. The CIP Coordinator, A Better Chance for Our Children Executive Director, Permanency Supervisor and Adoption Program Manager attended the Adoption Call to Action in August 2019. They developed an action plan worksheet that includes implementing Permanency Roundtables as a tool to make connections for youth.

Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. During the past 5 years, this system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures, and monitored by a CQI workgroup. DFS received technical assistance from the Capacity Building Center for States to provide oversight and consultation to implement a continuous quality improvement system.

In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool for treatment (foster care and in-home) and differential response cases. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. DFS has a dedicated case review team consisting of 4 full time case reviewers, a part time reviewer and a full time quality assurance manager/second level quality assurance reviewer. The team conducts 90 randomized treatment (in-home and foster care) and differential response case reviews for identified periods under review every 6 months, 15 reviews per month. The team also conducts 15 investigations case reviews every month. In future, this team will be conducting SDM[®] Fidelity case reviews as well. Planning is currently underway to have case review team trained and prepared for this endeavor. Results of the case review are shared at the annual stakeholder meetings, Strategic Leadership Team (SLT) meetings, all management meetings, and program management meetings.

Delaware has a Continuous Quality Improvement system guided by a CQI Steering Committee that meets at least every two months. During these meetings, case review results are periodically reviewed for fidelity and accuracy. Review results are also analyzed to determine agency strengths as well as targeted areas of needs. Four CQI subcommittees were established to address targeted improvement areas. They are CQI Periodic Review Committee, CQI Post Adoption Disruption Committee, CQI Intact Family Committee and CQI Data Quality Committee. These groups meet on a monthly basis. The CQI Periodic Review disbanded in November 2019 after accomplishing the assigned objectives. As evidence, the recent AFCARS report shows a decrease in children missing a periodic review compared to previous submissions. The court now also holds a periodic review at Termination of Parental Rights hearings. The courts are more consistently holding timely post-permanency hearings. The Court Improvement Program updated their database and notifies judges and judicial secretaries of approaching hearing deadlines.

Quality Assurance Manager and data team regularly analyze reports to evaluate data quality. Data is analyzed to ensure FOCUS is functioning correctly and data entry by staff is accurate. The federal

validation and frequency reports for NCANDS, AFCARS, and NYTD are used throughout the year to assess data quality and timeliness of entry. Specific trainings have been developed to address areas where data quality related to data entry has shown to be a problem such as placement events, custody events, and demographic information on persons. DFS FOCUS liaisons work collaboratively with Quality Assurance Manager to correct data entry errors. Defect tickets are written to address data system issues. Quality Assurance Manager shares analysis with the Operations Administrator to disperse information to frontline staff and supervision. Operations team then takes corrective action as needed. Periodically, data team will compare data obtained from system generated report with data gathered directly from staff to validate fidelity of system reports. For example, the Kids in Custody report was validated by having all supervisors provide information on all children in DFS custody. This information was compared to the computer generated report to ensure all children in custody were accurately being captured.

OSRI case review results are used by DFS program workgroups, leadership teams and specialized workgroups to evaluate program functionality, performance and practice model fidelity. Evidence of its use is referenced throughout Section IV. CFSP Progress Report in benchmark measurements and progress reports. DFS will sustain the case review team and use of the OSRI for ongoing assessment of performance and the round four of the CFSR. Delaware plans to choose the state case review process for round four.

Staff Training System

The practice of frontline workers is central to DFS achieving identified goals and objectives, therefore, training is focused on guiding day-to-day practice and the acquisition of necessary skills of those workers. The Center for Professional Development (CPD) provides staff development opportunities and competency-based training to DFS front line caseworkers, supervisors and managers as well as to DFS contracted in-home service providers, thus promoting and supporting best practices, a teaming environment, and integrated service planning and interventions. The focus on safety, permanence and child/family well-being is thematically integrated in all training. Ongoing curriculum updates and periodic revisions and effective training designs are used to continually deliver training to develop core knowledge and casework skills need to produce positive outcomes.

Pre-service training: CPD delivers training in the skills and knowledge needed by new casework hires to understand and implement the DFS practice model. Twelve competency-based pre-service core trainings and one orientation class are provided on an ongoing basis. Four core courses are assigned to new hires within the first 3-5 weeks of starting. The remaining courses are self-selected by the participants within prescribed timeframes, not to exceed one year from start date. Courses can be taken at intervals that allow new staff to experience mentoring and job experiences alongside classes. Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. Providers and other community partners such as Community Legal Aid, Delaware State Troopers, Delaware Coalition Against Domestic Violence, mental health and trauma specialists present at pre-service and in-service trainings. A graduated caseload assignment is applied to facilitate increased practical application of knowledge and skills trained in this period of learning. New caseworkers complete new worker training, shadow experienced workers, manage an initial case with intensive supervision, and prepare to build a full caseload. During FY2020, training records indicate that 71 DFS new staff and 8

contracted providers attended or started pre-service training. Training records indicate 100% satisfactory completions for DFS new workers for the core pre-service training within the first two months, with supervisors being the control for ensuring their staff completes the remaining required training within the first year of hire.

Foster Home Coordinators are trained to present pre-service orientation to current and prospective foster parents and pre-adoptive parents orienting them to their roles and responsibilities in those areas. A trained contracted provider delivers a 32 hour training developed by CPD geared towards individuals and families interested in fostering teens. Contracted providers are trained to deliver in-service modules provided by the Institute of Human Services.

In-service training: In-service training offers opportunities for developing higher levels of child welfare skills, practicing cyber security, applying trauma informed care and addressing other developmental needs of staff. These sessions are web-based and available at the user's convenience. Section III, Update to the Plan and Staff Training, has many references to new and refresher in-service trainings.

Service Array System

Supporting family focused and child centered interventions, Delaware's child welfare system offers a continuum of services to at-risk families and children from prevention to permanency to independent living, provided by public and community-based agencies. Evidence of effectiveness of the service array is visible in system measures, quality assurance case reviews, and stakeholder comments. Delaware's February 2020 CFSR Round 3 national data profile reports Delaware performs no different than the national standard for permanency within 12 months for children in care 12-23 months, re-entry into foster care and maltreatment in care. Delaware performs better than the national standard for recurrence of maltreatment, permanency within 12 months for children in care for 24+ months. Delaware is below standard for permanency within 12 months and placement stability. Kids Count[®] ranks Delaware 25th in the nation for overall child well-being in 2019 and 30th for family and community. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1000 in 2018.

Current prevention services include home visiting, parent education, strengthening families, family consultation, fatherhood coalitions, school based early intervention and behavioral health consultants. Trauma-informed and developmental development evidence-based screenings for children entering foster care, and monitoring psychotropic medications add valuable resources for reunification and permanency Delaware continues to grow in Safety Organized Practice and Structured Decision Making[®] which facilitates strong assessment of safety threats, risk factors, family strengths and individual needs through family engagement activities. These strategies and tools individualize services to children and families. Delaware is also strengthening the kinship program which empowers families by providing supports and financial aid, preventing deep end placements. Delaware is a current kinship navigator grant jurisdiction and will conduct a needs assessment to build supports for kinship caregivers.

In March 2020 a DFS and Child Development Watch (CDW) team started a review of the operating agreement between DFS, DPHBS and the CDW unit of DPBHS. Child Development

Watch provides assessment, planning and referral for children birth to three with a developmental delay or disability.

DFS is committed to collaborating with partners on enhancing Delaware's service array with an emphasis on prevention services and communication. The Integrated Child Welfare Planning Collaborative focuses on documenting and communicating child welfare services to front line professionals and consumers. Delaware plans to expand prevention services to strength healthy communities, families and children.

Agency Responsiveness to Community System

DFS has a strong history with both formal and informal responsiveness to the community. DFS is a member of CPAC and responds to recommendations from member agencies. Del. C. Title 16, §912 sets the Commission's membership as: The Secretary of DSCYF, the Director of DFS, 2 representatives from the Attorney's General Office, 2 members of the Family Court, 1 member of the House of Representatives, 1 member of the Senate, the Chair of the Child Placement Review Board, the Secretary of the Department of Education, the Director of the Division of Prevention and Behavioral Health Services, the Chair of the Domestic Violence Coordinating Council, the Superintendent of the Delaware State Police, the Chair of the Child Death, Near Death and Stillbirth Commission, the Investigation Coordinator, 1 youth or young adult who has experienced foster care in Delaware, 1 representative from the Public Defender's Office, and 7 at-large members (1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 1 person from a law-enforcement agency other than the State Police, and 4 persons from the child protection community). The agency also sits on and responds to findings and recommendations of the Child Death Review Commission. DFS also has a Community Advisory Council that reviews agency programming and provides opportunity for stakeholder input. The Council's membership is under review.

Stakeholder meetings are held annually. Surveys and focus groups provide community input on child and family outcomes and systems during CFSR and CFSP self-assessment phases. Family Court and foster care agencies participated in CFSR PIP activities and reporting. A stakeholder meeting was held September 19, 2019 focusing on statewide child welfare service array strengths and areas to improve. See Section I, Collaboration for information about areas to improve.

The Integrated Child Welfare Planning Collaborative provides a forum to balance prevention and early intervention services with formal child abuse/neglect responses. Community-based and public agencies have agreed to common values and goals for developing healthy individuals and communities to prevent formal child welfare responses.

Foster and Adoptive Parent Licensing, Recruitment and Retention System

Delaware has approximately 240 active and in service foster homes split between state and child placing agency oversight. DFS recruits and supervises foster homes under internal policy and procedures, and staff two foster care coordinator units statewide. Pre-service training, in-service training and home studies are provided by community agency contractors. Child placing agencies operate under license and requirements of Delaware Regulations administered by the Office of Child Care Licensing. Delaware passed the 2018 Title IV-E Foster Care Review, an indicator of system health for approving and monitoring foster homes. Efforts to place siblings together was noted as a

review strength. Another indicator of health is the occurrence of maltreatment in foster care. Delaware's CFSR Round 3 performance for FFY2018 (latest available) is no different than the national performance. Stakeholders are worried about the lack of therapeutic foster care for special needs children. Delaware uses foster and adoptive parent input to form in-service trainings offered to all private and agency foster parents. Prevent Child Abuse Delaware is the community-based provider of pre-service and in-service foster parent training. Annual foster parent conferences provide recognition and training of foster parents. Events occur during May of each year aligning with national Foster Care Month. This year's events were cancelled due to the state of emergency orders forbidding large gatherings.

Delaware's use of Ice Breaker meetings is an early alignment of the Children's Bureau vision for foster parents to support biological families. Ice Breaker refresher training was a CFSR PIP activity completed in March 2019. Delaware has a Foster and Adoptive Parent Marketing, Recruitment and Retention Plan as referenced in Section IX. Updates to Targeted Plans. The recruitment plan strategically targets three areas: increase the number of new homes, retain good quality foster families and develop or recruit for youth with complex needs. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware continuously evaluates the needs of children and adjusts the recruitment, support and development strategies.

Assessment Summary

In summary of the system data, case review findings, CFSR PIP activities, CFSP activities and stakeholder comments, Delaware's child welfare system has both strengths and weaknesses. Family Services has implemented and sustained major initiatives in the past 7 years such as Safety Organized Practice, team decision making (TDM), a new information system, expanded differential response tracks, programming for substance exposed infants, Structured Decision Making®, family teaming, enhanced supervisor training, and a formal continuous quality improvement system with a case review team. The agency added over 80 front line positions in the past 4 years. Delaware's national data profile measures continue to comply with established standards for safety. Delaware has scored better than national performance on reoccurrence of maltreatment and better than or no different than national performance on maltreatment in care since onset of CFSR Round 3 measures began. Investigation and OSRI case reviews show that the agency performs well in safety assessment, family search and engagement, service provision to prevent removals. Improvement is needed on timeliness of investigations and assessing risk, safety and needs for services to children throughout life of a case. Improvement is needed with family involvement in case planning, and caseworker visits with children and parents. Delaware attributes this primarily to poor performance on the quality and frequency of caseworker visits to parents and children for in-home treatment cases. Delaware has created an Intact Family CQI Committee to analyze issues and work towards solutions. In regards to permanency, data quality issues exist that prevent comparison from previous years on national performance measures. Activities to improve caseworker and family interactions are noted in Section III, Update to the CFSP.

The number of children in foster care has decreased. The percentage of teens in care has increased over past three years and currently makes up a third of Delaware's foster care population. In reviewing placement stability on the CFSR 3 Data Profile, there was a 19% decrease between

FFY2018 and FFY2019. Current case review performance results, however, show improvement from our 2015 baseline for placement stability. Case reviews show that Delaware continues to improve performance on both permanency outcomes and is significantly better than national performance. Delaware exceeds at ensuring foster children are placed with relatives when possible, placed with siblings, visit with parents and siblings, maintain relationships with parents, and preserve connections with family and others. Case review findings are strong for physical, dental and behavioral health as well as education.

As for infrastructure systems, the new automated information system has been challenging for users and data quality. Improvements continue to be made but it is a work in progress. Delaware has established a formal CQI program and has a case review team dedicated to conducting all investigation, treatment, foster care, and differential response case reviews. In the future, they will also conduct SDM[®] fidelity reviews. All family service staff received in-service training on CQI and is mandatory training for all new workers. CQI subcommittees have been formed to address targeted areas of need. Service array has improved with expanded differential response tracks and collaborative teams that facilitate service coordination via points of contact. Serving special needs foster children in-state is an area to improve. Family Services and Family Court have a strong partnership and share successful interventions to improve timely permanency. Foster parent training is viewed as a strength via training evaluations but stakeholders say more specialized training is needed. New worker and in-service training is active and adapts to best practice standards.

Workforce stability over the past six years has been challenging. Agency turnover is 15% for CY2019, an improvement over CY2018's 25%. In the past year, hiring incentives and hazard duty pay were added to facilitate on-boarding new employees. Caseload size is a key factor in maintaining safety and achieving permanency and well-being outcomes. As of March 31, 2020, investigation caseload average for fully functioning caseworkers is 16.7 (standard = 11) and treatment and permanency average caseload for fully functioning caseworkers is 13.4 (standard = 18). Over the past 5 years, investigation caseloads reached a high of 26.1 in May 2018. Treatment caseloads had a high of 21.2 in December 2016.

A Title IV-E Foster Care Review occurred the week of August 20, 2018. A total of 80 cases were evaluated for Title IV-E child eligibility, provider eligibility and federal claiming accuracy. Delaware passed this review and is scheduled for the next primary review in 3 years.

An AFCARS Review occurred the week of September 17, 2018. An improvement plan is active to revise data organization, element field definitions and mapping.

In summary, Delaware continues to address areas needing improvement not achieved through CFSR PIP activities in the Child and Family Services Plan. Overarching themes are: timeliness and quality of caseworker contacts with children and parents, especially intact families, assessing risk throughout the life of a case, achieving timely permanency, stabilizing and training the workforce, and applying continuous quality improvement strategies to areas needing improvement. Strengthening the service array from prevention through formal services will improve agency performance on national data standards and case review results. All efforts target the ultimate goal of healthy children, families and communities.

The following table summarizes the priorities of the 2020-2024 Child and Family Services Plan, addressing areas needing improvement while maintaining system strengths.

Outcome/System	2020-2024 CFSP Objectives
<p><i>Safety Outcomes 1 and 2</i></p> <p>Safety Outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.</p>	<ul style="list-style-type: none"> • Ensure initial investigation timeliness • Sustain SDM® with fidelity • Implement DFS prevention pathway • Expand differential response • Ensure child safety in treatment, permanency and interstate functions
<p><i>Permanency Outcomes 1 and 2</i></p> <p>Permanency Outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.</p>	<ul style="list-style-type: none"> • Strengthen family engagement in assessment, planning and services • Practice TDM with fidelity • Strengthen kinship programming • Improve placement stability • Provide frequent and quality visitation • Prevent post-adoption disruptions • Collaboration with court and partners to improve timely permanency
<p><i>Well-being Outcomes 1, 2 and 3</i> Well-being Outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.</p>	<ul style="list-style-type: none"> • Strengthen family engagement in assessment, planning and services • Strengthen family search and engagement • Sustain and increase opportunities for education, employment, personal and community connections for foster teens and young adults • Advocate for foster teen driver licenses and car insurance coverage • Reduce number of foster children on psychotropics without counseling
<i>Information System</i>	Not addressed in CFSP
<i>Case Review System</i>	Included in Permanency 1 and 2 Outcome Objectives
<i>Quality Assurance System</i>	<ul style="list-style-type: none"> • Target specific areas to improve using CQI principles • Strengthen CQI Steering Committee functions • Strengthen case review unit

Outcome/System	2020-2024 CFSP Objectives
<i>Staff Training System</i>	<ul style="list-style-type: none"> • Provide quality new worker and in-service training • Budget requests for training initiatives
<i>Service Array System</i>	<ul style="list-style-type: none"> • Increase community awareness and utilization of services • Implement Title IV-E Candidacy (identification and services; administrative and prevention claiming) • Add sex trafficking resources • Strengthen foster care resources • Strengthen healthy choices by aged out young adults
<i>Agency Responsiveness to the Community</i>	Not addressed in CFSP
<i>Foster and Adoptive Parent Licensing, Recruitment, and Retention System</i>	Included in Permanency 1 and 2 Outcome Objectives and Service Array Objectives
<i>Workforce Development</i>	<ul style="list-style-type: none"> • Implement a staffing capacity plan • Reduce caseload standards for treatment • Advocate for hazardous duty pay

III. Update to the Plan for Enacting the State's Vision

Revisions to Goals, Objectives, and Interventions

A revised 2020-2024 Child and Family Services Plan, 2021 edition, is effective July 2020, pending ACF approval. Edits include deletion of completed benchmarks, revised timeframes and new benchmarks. This document uses the 2020 version to report progress. (See Attachment: CFSP 2021 Edition.)

Implementation & Program Supports

Supports for the coming year include continuing upgrades to the automated data system and applying a continuous quality improvement approach to child welfare practice. The new automated information system's vendor is Deloitte Digital, providing design and implementation supports. These system improvements strengthen the existing foundation for data informed practice. Databases for contacts, foster care psychotropic medication and education performance are established. The Center for Professional Development strengthens child welfare competencies. The Delaware Learning Center supports training with user friendly access, registration, tracking and reporting. See Section IX, Training Plan for updates on staff training. The National Council for Crime and Delinquency (NCCD) will provide depth-of-practice training for supervisors and front-line workers, to provide training on a peer coaching model, and to inform development of our CQI system. Training provided by the NCCD will also be available to FAIR contractors. NCCD is also conducting fidelity assessments of SDM[®] tools in FOCUS.

The Department opened a new office in New Castle County for all Divisions. The move consolidated three prior office locations. The new location has public transportation access, ample public parking, training facilities and an in-house auto-cafeteria. Division teams are seated in mixed configurations promoting business and casual interactions.

Service capacity for differential response is expanding with new positions to be filled in the upcoming year. Additional FY2020 funding supports the expansion of FAIR contracts, to improve outcomes for families and right-size high risk front-line workers' caseloads. DFS began in 2019 to expand the agency differential response track through a restructuring of front-line staff and will be fully implemented in the upcoming year. This restructuring is accompanied by increased training and coaching opportunities. DFS is adding practice coaches in regional offices to support fidelity to the practice model.

A component of the Kinship Navigator Grant is conducting a needs assessment of kinship caregivers once a contract is awarded. The needs assessment will inform recommendations to strengthen statewide kinship programming and resources.

The Adoption Call to Action federal initiative is an opportunity to collaboratively plan activities and strategies to improve permanency outcomes for foster youth and targeted teens. Implementing permanency round tables and targeted recruitment activities show promise for locating permanent resources for challenging foster youth. The Child and Family Services Plan includes Call to Action activities. (See Section III, Update to the Plan, Permanency Goal: Children will maintain or achieve timely permanency, Objective: Ensure timely permanency and reduce reliance on APPLA for older youth through evidence based interventions including Permanency Roundtables (PRT). Engage caseworkers and staff in these approaches, Benchmark 3)

Court Improvement Program, Community Based Child Abuse Prevention and child welfare representatives attend State Planning Meetings. The team identifies quality legal representation as an initiative to preserve families and achieve timely permanency. DSCYF, OCA and Family Court are collaborating to include Title IV-E claiming in the DSCYF cost allocation plan. Several models are under review targeting at risk families and foster children.

DSCYF continues its commitment to a trauma informed system of care. The Trauma Informed Care Committee (TICC) continues to lead development and implementation of the Department's trauma informed care strategic plan. The TICC is composed of representatives from across DSCYF representing our four Divisions, as well as community partners. The TICC implemented strategies to implement trauma informed care in 2019 and 2020 and continues to focus on the areas of workforce (recruitment, training and retention), staff wellness and service delivery, including promoting a trauma-informed provider community. The 2020 plan also includes expanding staff wellness efforts in all the regions and creating ongoing workshops and calming areas for staff to help with on the job stress reduction and the management of secondary and vicarious trauma. TICC also partners with Trauma Informed Delaware, a state-wide coalition of leaders across state agencies and community supporters with the goal of making Delaware a Trauma-Informed State. The statewide initiative combines public and private efforts for organizational self-evaluation procedures and collaboration of staff and community partners, including adoptive and foster parents and child welfare workers, in efforts of becoming trauma informed.

To build trauma informed competencies of DSCYF staff, TICC continues to offer multiple training opportunities including the “Introduction to Trauma Informed Care” training which is a required training for all staff within the first thirty days of their employment. The TICC developed curriculum for a full day in-person training for supervisors of front-line staff which launched May 2018 and is ongoing. Training for front-line staff launched in the fall of 2018 and a train the trainer curriculum continues. In addition to expanding staff training and build staff competencies, the Department applied trauma informed principles in staff performance plans in 2018. 2020 marks the second year that performance plans using the new Trauma Informed Care criteria were completed. Trauma Informed System of Care language is incorporated into all new contracts and RFPs. Providers are expected to continue moving towards becoming trauma-informed in their practices and policies. In 2019, the Office of Evidence-Based Practice moved to the Division of Prevention and Behavioral Health Services as the new Clinical Quality Improvement and Consultation Unit. This unit continues to monitor trauma in foster care youth through consultations and screenings using the Adverse Childhood Experiences questionnaire and trauma screenings. The team continues to provide medication oversight for foster children. Screening efforts have been expanded to include follow up and rapid response from Delaware Guidance Services under a new pilot for foster care youth in New Castle County. Goals for the pilot include eventual expansion statewide.

Staff Training

DFS Treatment Case Management Training

In meeting with frontline staff to discuss their needs one of the topics is training. With onboarding new frontline caseworkers and supervisors, training specific to their job function is needed. The Treatment Program Manager rolled out the following trainings since the development of the 2020-2024 CFSP:

- **Introduction to Treatment:** This training for new caseworkers or caseworkers who changed job functions and are now assigned to treatment. This training starts at the assignment of the treatment case through case closure. It walks through intact family cases, petitioning for custody, child placement, case planning, reunification, permanency planning, and everything in between. The purpose of this course is to give caseworkers an introduction into policies and procedures. It includes an overview of SDM® tools and Safety Organized Practice. Trainings were held on 2/6/20 and 2/14/20. This training is offered a minimum of semi-annually and can be offered more often if there is a need.
- **Family Team Meetings (FTM) and Collaborative Planning:** This training started in the fall of 2018, and is offered quarterly. It is part of the New Worker Training series. This training enhances Safety Organized Practice skills to help families identify their network and team with families to plan for safety, permanency, and wellbeing. Frontline staff, supervisors, and community providers for all program areas participated in Family Team Meeting and Collaborative Planning Training through March 2019. Ongoing training around this topic is held quarterly for new staff, interested community providers, and as a review for seasoned staff. Quarterly trainings were held 6/17/19, 8/23/19, 11/6/19, and 2/21/20. Upcoming sessions are scheduled for 7/20/20, 8/26/20, 9/30/20 and 11/1/20.
- **SDM® Risk Assessment tools for Treatment:** This training started in October 2019. This training walks caseworkers and supervisors through the SDM® Risk Reassessment and Reunification Reassessment/Reunification Safety Assessment tools. The purpose of this training is to discuss the policy around these assessments and proper use of the tools in an effort

to utilize these tools with fidelity. This training is mandatory for all treatment staff. Initial trainings were held 10/2/19, 10/30/19, 1/23/20, 1/28/20, 2/5/20, and 2/18/20. Future trainings are scheduled at least semi-annually.

- Domestic Violence Series: For this training the Division of Family Services partnered with the Domestic Violence Coordinating Council. This training was developed because caseworkers and contracted providers expressed a need for assistance in working with families experiencing domestic violence. The first training was held 10/28/19. The interest was so great that additional training was provided on 4/7/20, 4/14/20, and 4/21/20. This training explores the dynamics of domestic violence and trauma, offender accountability, and safety planning with families experiencing domestic violence. Future trainings will be offered.

Future trainings include Family and Child Strengths and Needs Guide, Family Service Planning, and TDM Refresher.

Regional trainings at general staff meetings include the following:

- Mental Health Provider Training: Review the agency mental health contracts, types of evaluations provided, and how to make an appropriate referral. Delaware's four contracted mental health providers held a presentation for staff on 1/21/20, 2/3/20, and 2/5/20.
- MCO Care Coordinators – AmeriHealth and Highmark: Introduced care coordination offered through Medicaid MCO providers and how they collaborate with providers for children in foster care.

Future trainings include MOU with Department of Education (Best Interest Meetings) and 'lunch and learn' gatherings on various related topics.

Supervisor specific trainings are held at Treatment Workgroup (bimonthly) and All Management Meetings (quarterly). Trainings include the following:

- Substance Abuse Liaison: This training was offered by the substance abuse liaisons located in Kent and NCC. The liaisons discussed trends that they notice related to substance use in Delaware and how the liaisons can be utilized in each region.
- Family Interventionist: This training was provided by the 3 family interventionist contractors for the state. This training discussed services offered by all three agencies including home based family support counseling, parenting classes, and board certified behavioral analysis.
- Human Resources 101: This training was offered by the Human Resources Department under Division of Management Support Services (DMSS). This training provided information about staff recruitment policies and procedures.

Upcoming trainings include understanding data and supervising cultural competence. There will also be training on new and refreshed policies.

The treatment program team is available at the request of supervisors to present at unit meetings. The topics can vary depending on what the supervisor would like to discuss.

Center for Professional Development Training

The Center for Professional Development provides training and professional development for DSCYF employees and partner agencies who work with children, youth, and families. CPD is

housed within the Division of Management Support Services. CPD is staffed with a complement of two Training Administrator Is, four Trainer/Educator IIIs, and one Casual/Seasonal Administrative Assistant, all supervised by a Training Administrator II. The CPD trainers and administrators are responsible for providing New Employee Training (NET) for the Division of Family Services and the Division of Youth Rehabilitation Services each month, in addition to providing continuing education opportunities to all DSCYF staff. There are three coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences.

CPD Goals and Objectives

The goal of training in the Division of Family Services is to develop the necessary knowledge, skills, and attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model. During FY2020, training continued to focus on the following casework practice initiatives grouped together under the banner ‘Outcomes Matter’ (OM): Structured Decision Making®, Safety Organized Practice, differential response, family search and engagement, and team decision making. Since 2014, the goal of training has evolved from the introduction of the ‘Outcomes Matter’ initiatives to embedding of the values in new staff as they start their career in child welfare, and encouraging experienced staff to develop competency and comfort with the different tools and techniques.

CPD’s ongoing primary training objectives are:

1. Developing, updating, and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff and to comply with changes in policy, practice, and program areas.
2. Provide competency-based pre-service training to new hires within the division and within partner agencies; provide in-service training to caseworkers, supervisors, administrators, and contracted service providers that supports best practices and integrated service planning.
3. Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity.
4. Be an internal partner as members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning, and executing training to targeted DFS staff.

Activities Supporting IV-B and IV-E Programs

The following training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E. Also see Section IX, Training Plan for additional information on trainings supporting the 2020-2024 CFSP.

CPD provides competency-based training to caseworkers, supervisors, and administrators as well as to DFS contracted in-home service providers to promote and support best practices and integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly adding courses to improve staff competencies. (See Attachment: Staff Training Chart 2021)

- Pre-service training: CPD provides Instructor Lead Training (ILT) on the skills and knowledge needed by new hires to understand and implement the DFS practice model. Thirteen competency-based pre-service core trainings and one orientation class are delivered to cohorts of newly hired DFS caseworkers. In addition to ILT, new staff are provided with online training

for different subjects that support Outcomes Matter strategies and supplement the NET. CPD trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required On-the-Job Training (OJT) experiences. In addition, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills trained. Following are the required ILT and online training courses for new DFS staff:

- “DSCYF New Worker Orientation” introduces all the divisions, department policies, and includes a review of diversity, mission, vision and strategic directions.
- “Safety Organized Practice (SOP): An Introduction to the SOP and Structured Decision Making® Practice Models” educates staff on the Safety Organized Practice/Structured Decision Making® Assessments for Safety and Risk. The course includes how to assess safety and risk indicators in a family system, the importance of teaming with a family, safety agreements, support networks, family assessments, and how to complete SDM® Assessments.
- “This IS Abuse and Neglect: Identification and Responding by Child Welfare Workers” reviews historical, philosophical, and legal bases of child welfare, identification and assessment of child abuse and neglect, and impacts of culture and cultural diversity in child welfare practices.
- “Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks” covers the challenges in assessing families experiencing substance use, mental health concerns, and/or intimate partner violence and how to conduct a balanced assessment of child safety from a trauma-informed perspective using SDM® definitions, tools, and policies/procedures.
- “Interviewing: Purposeful Conversations for Family and Youth Engagement” focuses on the values and attitudes of investigators, interviewing strategies and skills, casework as primary service intervention balancing a client centered focus with using authority when needed, engaging non-voluntary resistant clients, and protocols to follow when interviewing adults and young children.
- “Engaging Families in Difficult and Challenging Situations” discusses strategies to engage families while focusing on maintaining worker safety by defusing anger and using de-escalation techniques.
- “Family Team Meeting and Collaborative Planning” provides the groundwork and a model to facilitate family team meetings for collaborative planning with families at many different stages in their case, to build agreements between the Department, families, providers, and other essential team members.
- “Child Development: What's Working Well and What Are We Worried About?” instructs participants on the fundamental principles of child development processes, and on the detrimental effects of child abuse and neglect featuring the most current research on brain development and impact of trauma on behavior. This training includes aspects of issues that adolescents face (gangs, sex trafficking, and sexual orientation).
- “Working with the Courts: Court Personnel, Process, Procedures, and Hearings” reviews the legal basis of child welfare practice and prepares new staff for filing petitions, testifying in family court, courtroom decorum, and how to work collaboratively with the deputy attorney general. Includes a presentation from a Deputy Attorney General and practice completing a custody petition.
- “Separation & Loss” discusses attachment, attachment disorders, and the effect of traumatic separation on children.

- “Permanency Process: Utilizing Policy and Assessment Tools to Inform Practice Decisions” defines permanency planning and discusses pre/post placement strategies that prevent or minimize trauma on children.
- “Service Provider Presentations” introduces staff to our partners in keeping children safe: Legal Aid, domestic violence advocates, alcohol/other drug liaisons, and mental health providers.
- “Team Decision Making Overview” includes a presentation by the TDM Facilitators regarding the process and procedures of team decision making meetings.
- “Special Investigators Field Safety” presented by Special Investigators regarding workplace safety and purpose/practices of the Special Investigators.
- “How to Identify and Report Child Abuse and Neglect in Delaware” provides uniform mandatory reporting training on the law and reporting requirements for mandated reporters.
- “Reasonable and Prudent Parenting Standards for Case Workers” informs caseworkers of an important change that was made regarding decisions foster parents can make on behalf of the foster children placed in their home.
- “Family Informed Resource Support Team (FIRST) Overview” provides an overview of the Partnering for Success initiative and explains how it will benefit our families as well as the other divisions within DSCYF.
- “Introduction to Trauma Informed Care” provides information on child trauma and the trauma-informed approach that the DSCYF has adopted to guide how it provides services to children and families.
- “Indian Child Welfare Act Online Training” which explains the child welfare provisions and requirements of the Indian Child Welfare Act and the New Rule established in 2016.
- “Sexual Harassment Prevention” that provides an awareness of the legal definition and different types of sexual harassment, legal background, federal guidelines, and the State of Delaware's policy on sexual harassment.
- “Active Shooter: What Can You Do” is an online course provided by US Office of Homeland Security, Federal Emergency Management Agency, and reviews what to do before, during, and after an active shooter incident.
- “Delaware Learning Center Training” gives users an overview on how to log in and navigate the various features within the system such as: how to create a universal profile, how to view your transcripts, how to browse for training, how to request training, how to print certificates.
- “DSCYF Confidentiality Policy 205 Training” online curriculum includes the Confidentiality of Client Information Policy 205 online training, a quiz, and acknowledgment of the policy.
- “HIPAA Training for Members of the HIPAA Workforce Certification” satisfies the U.S. Department of Health & Human Services (HHS) requirement for Health Insurance Portability and Accountability Act of 1996 (HIPAA) training and is designed specifically for members of the HIPAA workforce, including employees and individuals with access to HR, benefits and/or payroll data as part of their job-related tasks, as well as supervisors and managers.
- “DSCYF eStar ACT150 ACT Employee Essentials” online curriculum reviews the required eStar training material necessary for an employee to successfully understand, navigate and perform actions within eStar.
- “Continuous Quality Improvement - Framework for Success” explains what Continuous Quality Improvement is, defines the benefits, and explains how staff can participate in the CQI process.

- “FOCUS - DFS Custody Process” includes online training for 3 vital functions of the DFS custody process: the Ex Parte Petition, the Level of Care, and the Placement events.
- “FOCUS End User Training General Overview and Navigation” is training on the FOCUS system for new staff.

In-Service Training:

In FY2020, DSCYF provided ILT and online training that continued to support the Outcomes Matter initiatives and federal mandates. Training was offered to DSCYF staff on:

- “SOP Mentor Training” orients experienced DFS caseworkers and supervisors to work with new staff on the elements of effective SOP casework practices.
- “Family and Youth Engagement” emphasizes a strength-based approach to partnership with youth and families, drawing from the concepts of motivational interviewing, appreciative inquiry, and safety organized practice.
- “DAG Presentation Series” is a monthly series of training from our DAGs with important information regarding the court process, including Reasonable Efforts, Permanency Hearings, TPR Hearings, Substantiation Hearings, etc.
- “Trauma Informed Care Frontline Training” teaches the definition of trauma, the symptoms of trauma at various developmental stages of a child/youth’s life, how to foster a trauma-informed relationship, techniques to respond to a traumatized youth or family member, the different ways traumatic stress can impact a caseworker, and how to develop a personal plan to address traumatic stress.
- “CRTDM Considered Removal/FIRST TDM Facilitation Booster” reviews the core elements and goals of a Considered Removal Team Decision-Making meeting, the roles of the facilitator and families, self-awareness and cultural responsiveness, utilizing family/youth strengths in the development of plans, managing emotions and conflict in TDM meetings, how this process is applied during FIRST meetings, and the similarities and differences between CRTDM and FIRST TDM.
- “Psychiatric Medications for Youth” online training provides staff with increased awareness of the use of psychotropic medication for children nationally and within the Department.
- “DFS - New Mental Health Contracts” provides important information on the new mental health contracts; the types of evaluations available, the referral process, and ideas for questions that can be asked of the evaluators.
- “Confidentiality Policy 205 - DFS” covers the importance of confidentiality, the major changes of the revised confidentiality policy, and how to engage families in conversations about confidentiality.
- “DFS FOCUS Feedback Sessions” is virtual training that demonstrates FOCUS screens for specific topics to show functionality, train staff on upgrades, clarify questions, and review challenges with the system that impact staff’s ability to complete daily functions.
- “Dynamics of Domestic Violence and Trauma” provides a look at the dynamics of domestic violence and the tactics that abusers use to control their partner and families; exploring how reactions to trauma can affect the way parents interact with DFS systems.
- “Offender Accountability and Post-Separation Abuse” explores the systems in place to hold abusers accountable for their actions, and how DFS workers can safely engage all parents to ensure the safety and wellbeing of their children.

- “Safety Planning with Families Experiencing Domestic Violence” discusses domestic violence safety planning and how that can be a complementary piece to the safety plan/risk assessment that you already do with families.
- “Safe Sleep and All Babies Cry” focuses on safe sleep education, discussion of safe sleep practice with families, and the Cribs for Kids® program. The All Babies Cry component will focus on what’s normal about crying, comforting crying infants, self-care tips for parents, and colic and how to cope.
- “Human Trafficking 101” provides an overview of human trafficking, Delaware Code, red flags to identify a victim of trafficking, risk factors in the populations that we serve, how trauma is manifested in trafficking victims and practice tips for cases involving human trafficking.
- “ICPC Refresher Training” is refresher training of the interstate process including procedural updates, utilizing interstate forms in FOCUS and some tips for residential treatment center out of state referrals.
- “Structured Decision Making Treatment Assessment Training” reviews the Structured Decision Making® Treatment Assessments as well as the treatment case workflow and closure process.
- “Introductory Training to DFS Treatment Services” is an introductory training to DFS Treatment Services from the day the case is assigned through closure. It will be an overview of treatment assessments and case planning.
- “Trauma and Attachment in Child Welfare” takes an in-depth look at the impact of trauma on attachment and offers suggestions for how to better work with children and youth who have experienced attachment disruptions. This training helps participants think about the short-term and long-term impact trauma has on a child’s attachment experiences and brain development. Participants receive information about core issues in foster care and adoption that impact children over their lifetime.
- “Investigation Refresher Training” provides refresher training of Investigation policies and procedures; including key decision points, workflow, Structured Decision Making®, the collateral contact policy, diligent efforts, resistant clients, the Multi-Disciplinary Team MOU, and the Child Protection Registry.
- “Investigation QA Case Review Tool” focuses on completing an investigation QA case review, details on what is needed to answer each item, and a refresher on SOP tools and how they are used to assess risk and safety. A review of SDM policy related to the caregiver safety assessment and risk assessment is also included.

Supervisor Training

In FY2020, child welfare-specific supervisor training was offered to DFS supervisors. The DFS Supervisor Core consists of 6 modules that are 2 days each. The series of 6 modules are offered twice a year, with one module scheduled each month (Module 1 offered in January 2020, Module 2 offered in February 2020, etc.). The entire series repeats again, beginning in July 2020. The DFS Supervisor Core modules cover the following topics:

- Module 1: Caseworker Supervision
- Module 2: Leadership in Child Welfare
- Module 3: Communication, Conflict, and Change
- Module 4: Improving Individual Staff Performance
- Module 5: Professional Development of Staff
- Module 6: Collaboration and Teamwork

Supervisors are also offered “Trauma-Informed Supervision Training” quarterly. The one-day training is designed to provide direct service supervisors and managers with knowledge, skills, and abilities to provide trauma informed supervision to their employees. The course focuses on applying the six key principals of a trauma informed care approach, developing trauma informed care skills in staff, responding to staff impacted by their work, building resilience in staff, and incorporate trauma informed care principles into each day.

In FY2020, supervisors were provided with a day of knowledge sharing and collaboration by reviewing department and division specific best practices and initiatives during the “DSCYF Supervisor Collaborative Meeting.” This was an opportunity to network and problem solve with colleagues in the other divisions.

Additionally, supervisors are provided with “DSCYF Hiring Process for Managers, Supervisors, and Support Staff” to review the new detailed hiring process including: the roles and responsibilities of supervisors/managers, support staff and human resources, proper completion of forms, timelines for submitting paperwork, and the ramifications of missing those timelines.

Statewide Partners

Our contracted in-home service delivery partners attend new worker training and in-service with state employees.

Data and Statistics

During FY2020, training records indicate that 71 DFS new staff and 8 contracted staff attended or started pre-service training. Training records indicate 100% satisfactory completions for DFS new workers for the core pre-service training within the first two months, with supervisors being the control for ensuring their staff completes the remaining required training within the first year of hire. The FY2020 DFS New Worker Training Chart lists the courses offered and the number of sessions for each course. (See Attachment: DFS New Worker Training 2020)

Outcomes and Measures

Indicators that training outcomes are met include:

1. Ongoing curriculum reviews to ensure training maintains focus on the outcomes of safety, permanency, and well-being for children and the knowledge and skills pertaining to the Outcomes Matter practice framework.
2. Caseworkers who can demonstrate understanding and an emerging ability with OM practices and tools as observed in training, indicated by self-reports, and from supervisor and mentor feedback.
3. Contracted providers are being trained along with DFS staff as indicated by attendance records and trainer reports.
4. Reported employee satisfaction on training evaluations and retention of casework staff as reported by DFS leadership.
5. CPD participation in workgroups and senior leadership meetings to ensure training remains consistent with the Department’s and Division’s goals.

Barriers and Challenges

FY2020 has been a challenging year for CPD, which is normally comprised of eight staff: four Trainer/Educators, two Training Administrator (TA) I's, and one Casual Seasonal Administrative Assistant, supervised by a Training Administrator II. CPD is responsible for the monthly facilitation of New Employee Training for DFS and DYRS and coordinates ongoing training for all DSCYF staff, which includes the modification of existing curriculum to address changing trends, the creation of new curriculum, scheduling of SME trainers, development of online training, and the maintenance of training data in the Delaware Learning Center. At the beginning of FY2020, CPD had a Training Administrator I vacancy, three new Trainer/Educators and a new Administrative Assistant, and the Training Administrator II on leave for the remainder of the year. With only two experienced staff, CPD was tasked with bringing the four new staff up to speed on their roles and responsibilities, while initiating the hiring process for the TA I vacancy and filling in for the TA II vacancy. Over the course of FY2020, all four new staff became proficient and independent in their roles within the CPD unit. Each division provided assistance through SMEs who helped develop training materials and facilitated training when necessary. CPD continues to perfect expertise in the DLC and has obtained additional Articulate Storyline 3 licenses for all the trainers.

CPD continues to work closely with DFS administration to find ways to embed the Outcomes Matter initiatives into caseworker practice in a seamless manner, providing pre-service training on the policies, as well as in-service training to revisit the initiatives. DFS New Employee Training has been modified several times (in length and breadth) to accommodate the ever rising staff caseloads, allowing for more flexibility with the required classes and earlier completion of key casework elements. CPD has developed several online courses, delivering information to staff in a format that minimizes time away from cases. The DLC allows CPD to gather information in an easier manner, and provides supervisors and staff with training information at a glance. The Department has embraced a trauma-informed approach to working with children, families, and staff. Training continues to be developed for supervisors and front-line staff on addressing needs through a trauma-informed lens that promotes resilience in staff and the families with which they work.

Priorities for the Coming Year

CPD plans to continue to develop expertise in eLearning functionality to allow for online or virtual training opportunities that staff can access on their computers, smartphones, tablets, and iPads, allowing more flexibility of course completion and eliminating travel time. In the current environment requiring social distancing, CPD has modified all of the DFS courses to be provided virtually, using a web portal that can be accessed at home on any device.

CPD will participate in workgroups with DFS to assess the onboarding of new staff, including the New Employee Training curriculum, On-The-Job experiences, mentoring, and supervisory support. CPD will continue to develop new curricula to meet the needs of DFS staff and supervisors and will provide DFS with support in the implementation and utilization of all the Outcomes Matter practices, while assuring fidelity.

IV. Update on Progress Made to Improve Outcomes

2020-2024 Child and Family Service Plan, Progress Report for FFY2020

Based on the assessment of outcomes and systems using internal metrics, stakeholder comments, and federal vision, the following goals and objectives are established for 2020-2024. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common vision, goals and resources. A skilled and experienced workforce is a core infrastructure to improving outcomes for children and families. A strong child welfare system uses continuous quality improvement to evaluate performance, guide practice and develop service array. Each benchmark (or activity) lists a progress report for the past year. Review of DFS metrics with stakeholders was scheduled for April 2020 and canceled due to the state of emergency. Delaware completed all CFSR PIP activities April 2019. Based on OSRI case review results, several improvement goals were not achieved by March 2020. DFS accepts the option to add another reporting period to achieve the 3 remaining improvement goals. The 2020 and 2021 CFSP editions address these 3 Items: Item 1: Timeliness of investigation, Item 6: Achieving reunification, guardianship, adoption or APPLA, and Item 14: Caseworker visits with child.

Safety

Goal: At-risk children are safe and protected

Rationale: Child safety is the prime priority for Delaware's child welfare system and a core component of the agency's mission. Delaware has a history of low rates of recurrence of maltreatment and maltreatment in foster care. Initiating investigations within Delaware's response categories and interviewing all parties per policy was a weakness in the 2015 CFSR and a struggle to correct during the PIP 2-year implementation period. The April-September 2018 Onsite Review Instrument (OSRI) results for Item 1: Timeliness of initiating investigations of reports of child maltreatment find 71.43% of cases rated strength, below the 2015 baseline of 81.08% and the improvement goal of 89.3%. Stakeholder input indicates Family Services' response to reports are a strength. Family Services has internal investigation quality assurance case reviews. For CY2018, reviewers agreed 86% of safety and risk-related responses followed policy and implemented activities to keep children safe. Family Services has an initial investigation interview timeliness report which finds 86% of investigations comply with assigned response times for CY2018. Multiple process components contribute to OSRI and investigation case ratings while the system generated initial investigation interview timeliness report is based on a response category, assignment date and completed date field evaluation. Priority is given to urgent responses which places lower priority response times in jeopardy. High investigation caseloads are a key factor; Delaware's caseload standard is 11 cases per investigator. As of March 31, 2019, statewide investigation cases averaged 18.7. Over the past 5 years, investigation caseloads reached a high of 25.2 in February 2018. Delaware is committed to strong safety outcomes for at-risk children and will make improvements to processes and workforce contributing to weak OSRI performance. Caseload and worker positions are addressed under workforce stability and development goals.

Measure: Onsite Review Instrument case review performance is the primary measure for this goal: Item 1: Timeliness of initiating investigations of reports of child maltreatment. Component measures are the investigation quality assurance case reviews and the initial investigation timeliness report. The goal for OSRI Item 1 is 95%; the goal for investigation case reviews is 95%. Initial investigation interview timeliness goal is 95%.

Performance: For Safety Outcome 1, Item 1: Timeliness of investigation, case review results show that Delaware is declining overall since 2015 but improving over the last 2 years. The baseline performance in 2015 was an 81% strength rating. Delaware's Period 1 (April –Sept 2018) performance was a 71% strength, Period 2 (Oct 2018 – March 2019) was 73% strength, and Period 4 (Oct 2019-March 2020) was 80% strength. For CY2019, Delaware completed 7,360 initial interviews. Of these, 86% were completed on time. In CY2018, Delaware had completed 7,929 initial interviews, with 86% being completed on time. For the first quarter of 2020 (Jan-March), Delaware completed 1,645 initial interviews, with 84% being on time. Delaware failed to meet the 95% goal on either of these measurements. Investigation case review results for CY2019 show an overall safety score of 96.2% exceeding goal of 95%.

Objective: Ensure initial investigation timelines by using data reports and case review findings to monitor compliance at the state, region, team and caseworker level. Provide contact due reports at regular intervals. Ensure quality of initial contacts per policy, OSRI and best practice standards.

Rationale: Management of timeliness and quality of initial investigation contacts is vital to child safety at the case and system level. Delaware has the capacity to produce performance and due date reports to monitor and ensure timeliness of initial investigations. High caseloads and workload issues also contribute to decreased timeliness of initial investigation contacts and to decreased quality of initial contacts and will be addressed in another section of the plan.

Outcome: Timely and quality initial investigation contacts improve child safety.

Benchmarks:

1. Data team will produce proactive due date initial investigation contact reports to ensure compliance with priority response timeframes by distributing weekly reports to regional managers, supervisors and caseworkers.

Timeframe: December 2019.

Measure: Production and distribution of due date reports.

Progress Report: The state's SACWIS system, FOCUS, allows for the creation of data reports utilizing various parameters with relative ease. During FY2019, the Division's Strategic Leadership Team adopted the motto "Manage with Data" to reflect our commitment to utilize data reports to improve staff performance and client outcomes. The data team developed an initial investigation contact report to ensure compliance with priority response timeframes. The Office of Children's Services Administrator

distributes reports on a twice-weekly basis to regional administrators. Regional administrators then distribute that information to supervisors for use with front-line workers. It is also shared with DSCYF's Secretary. This benchmark is completed.

2. Intake and Investigation Program Workgroup to monitor quality of contacts with OSRI case reviews by producing quarterly/semi-annual/annual reports of Item 1: Timeliness of initiating investigations of reports of child maltreatment. Issue case specific reports to assigned supervisors and caseworkers.

Timeframe: January 2020.

Measure: Documentation of monitoring of OSRI Item 1: Timeliness of initiating investigations of reports of child maltreatment and actions taken to improve distribution methods.

Progress Report: This benchmark is pending. Although investigation initial contact reports of high level information are distributed to administration and distributed to regional administrators, reporting has not evolved to include case-specific reports to assigned supervisors and caseworkers. The responsibility for disseminating and analyzing the information has not yet shifted to the investigation program workgroup. This is in part due to a recent spike in overdue contacts, created by high staff turnover. It is anticipated that once contacts normalize again, responsibility for monitoring this data will shift to the program workgroup. Timeliness of investigation is one of the CFSR PIP items not meeting the improvement goal. The timeframe is revised to January 2021.

3. Strategic Leadership Team to use data from contact reports and OSRI case review reports to drive compliance to policy and ensure safety by analyzing performance factors, informing training, providing feedback to supervisors and caseworkers, and publically recognizing good performers.

Timeframe: December 2019 and ongoing.

Measure: Documentation of reports and meeting notes recognizing performance, areas to improve, interventions and training implications.

Progress Report: The Strategic Leadership Team meets on a monthly basis, and discussion of contact reports and their implication is a standing agenda item. Central administration generates and distributes a report every Tuesday and Friday to the regional administrators, capturing timeliness of investigation initial contacts and investigation closures. This data is used to inform the development of program-specific training for regional staff, which will be offered in the upcoming year. Still pending are reliable methods for providing feedback to supervisors and caseworkers, as well as recognizing good performance.

Objective: Sustain SDM[®] with fidelity by establishing a process to measure fidelity and by using case review findings to address timeliness, compliance with policy, and compliance with SDM[®] tools.

Rationale: The SDM[®] suite of tools is an evidence-based methodology for improving child safety and family outcomes. DFS has a Fidelity Team in place, charged with monitoring SDM[®] fidelity to protect against practice drift, to ensure the correct application of definitions, and to recommend changes to the definitions when necessary due to statutory or policy changes. Currently, FOCUS only implies fidelity based on timeliness of completion of the tools. A more comprehensive review of the use of the tools is necessary to ensure fidelity. Additionally, the rate of use of discretionary overrides in the SDM[®] Screening Assessment is currently 17.5%, which could indicate that the current definitions do not match practice, policy, or statute. The recommendation in the SDM[®] Risk Assessment is currently overridden at a rate of 3%. Additional analysis of the definitions is needed so that staff can use the tools with fidelity and without undue use of the discretionary override function. Regional RED (Review/Evaluate/Decide) teams, staffed by workers of all functions and at all levels, also function to screen intake reports in and out and to determine pathway (differential response vs. traditional investigation), and additional analysis and training is needed in order to ensure a high level of fidelity to the tools.

Outcome: Sustain low rate of repeat maltreatment by accurately assessing and intervening for child safety and risk factors.

Benchmarks:

1. The SDM[®] Fidelity Team will conduct case reviews of a random sampling of cases and assess for accurate use of the SDM[®] tools. Consider using a portion of the same cases selected for the OSRI case reviews each quarter. Produce quarterly reports and issue case-specific reports to assigned supervisors and workers.

Timeframe: September 2020 and ongoing.

Measure: Documentation of production and distribution of case review results.

Progress Report: This benchmark is pending. At the request of the Fidelity Team, the National Center for Crime and Delinquency, Children's Resource Center has submitted a training proposal, and it is anticipated that a training contract will be executed before the end of SFY2020. The proposal includes a module on Case Reading Training and Policy, which the Fidelity Team hopes to implement statewide at the regional level. The team is considering a model of case review that involves the QA team, administrators, peer coaches, and supervisors in monthly case reviews. The timeframe is revised to January 2021 and ongoing.

2. The SDM[®] Fidelity Team will review SDM[®] definitions annually for clarity and to ensure that they continue to meet DFS' statutory and policy requirements. Produce reports from FOCUS based on typology at intake to measure how often discretionary overrides are used in the SDM[®] Screening Assessment and to determine if overrides are more frequently associated with certain types of reports. Produce reports from FOCUS

to assess how often the SDM[®] recommendation is overridden in the SDM[®] Risk Assessment tool. Provide reports to supervisors and staff.

Timeframe: June 2020 and annually.

Measure: Documentation of SDM[®] Fidelity Team review of definitions and actions taken. Fidelity Team to document distribution of reports to supervisors and workers.

Progress Report: During SFY2020, Fidelity Team reviewed the definitions related to the SDM[®] Intake assessment and SDM[®] Priority Response tool with assistance from the NCCD/CRC, updated the SDM[®] Policy and Procedures Manual, and posted the updated manual on the Department website. These updates were accompanied by corresponding changes to FOCUS and training for intake staff on the new definitions. In the upcoming year, Fidelity Team intends to review the definition associated with the SDM[®] Safety Assessment and will plan staff trainings accordingly.

SDM[®] intake fidelity is monitored by reporting discretionary overrides by typology to the Intake and Investigation Program Manager and regional administrators who share with supervisors and workers. In CY2019, agency completed 23,061 hotline reports, 3,014 or 13% of had a discretionary override a slight decrease as compared to CY2018 where 3,188 of 20,418 or 16% of hotlines had a discretionary override. Breaking these down by primary allegation, 37% in CY2019 and 36% in CY2018 were neglect, 23% in CY2019 and 23% in CY2018 were physical abuse, 16% in CY2019 and 14% in CY2018 were emotional maltreatment, 8% in CY2019 and 8% in CY2018 were sexual abuse, and 2% in CY2019 and 3% were dependency. The percentages as related to allegation types have remained consistent for CY2018 and CY2019. Thirteen percent in CY2019 and 17% in CY2018, had a primary allegation type of unknown. (NOTE: This unknown allegation was related to a practice error. When an intake worker selected SDM[®] not required and elected to screen out the report, the primary allegation was left blank. If, however, the supervisor or RED team chose to override this decision and screened in the report, the investigation was initiated but the SDM[®] tool may not have been completed. Delaware has improved practice and now if decision is made to override and screen in report, the SDM[®] tool is being completed.)

A report of SDM[®] recommendation overrides in the SDM[®] Risk Assessment tool is in production. Report is distributed to the Intake and Investigation Program Manager and regional administrators who share with supervisors and workers. In CY2018 and CY2019, discretionary overrides occurred in 3% of risk assessments which is within the overall goal of 5% or less. (NOTE: In the original CFSP rationale statement, the percentage of overrides used on risk assessments was mistakenly provided as 34%, is actually 3% and is corrected). As the Fidelity Team continues to review and analyze the definitions, it is expected that staff will feel more confident using the tools with fidelity, and the use of discretionary overrides will decrease. Fidelity Team will continue to run reports periodically, subsequent to revision of the definitions in each of the tools, to monitor the use of overrides. This benchmark's activities are ongoing.

3. SDM[®] Fidelity Team to conduct quarterly second-level reviews of cases reviewed by RED teams and assess for accurate use of the SDM[®] Screening Assessment and appropriate application of the intake definitions.

Timeframe: January 2021 and ongoing.

Measure: Production and distribution of quarterly reports and use data from the reports to inform RED team training.

Progress Report: This benchmark is pending. DFS suspended RED teams indefinitely to streamline the intake process and improve the quality of decisions made by intake staff. If RED teams are reinitiated at some point in the future, then progress on this benchmark will be documented; if RED teams are not reinstated in 2021, this benchmark will be evaluated for CFSP inclusion.

Objective: Implement a prevention pathway at intake to respond to low risk reports that do not meet criteria to be screened in by the SDM[®] Screening Assessment for a DFS response.

Rationale: For FY2018, DFS received 20,419 reports to the hotline; of those reports, only 8,642 were screened in and received a DFS response, either through the differential response pathway or by the traditional investigation pathway. The remaining 11,777 reports, or 58%, were screened out and received no services because the allegations in the report did not meet criteria to be screened in. However, although DFS does not have a system for tracking allegations in screened out reports, many of the screened out reports were made because there was a concern about a level of neglect. In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent deeper involvement with the child protection system. Data on the national level reflects that neglect is the most prevalent form of child maltreatment, and between 85% and 87% of children in foster care entered the system because of concerns about neglect. However, when families receive appropriate early prevention services, the incidence of future maltreatment may be reduced. Prevention is also much less costly than dealing with child maltreatment. Data compiled by Prevent Child Abuse America in 2018 shows that in other jurisdictions, such as Alabama, the cost of prevention per child was \$8, compared to \$175,000 per child to deal with maltreatment. Another national study found that for every dollar invested in the foster care system, there was a negative return on that investment of -\$9.55 (Alia Innovations). Implementation of a prevention pathway response to address low risk reports shifts energy and resources to preventing maltreatment and entry of children and families into deeper level services.

Outcome: Access to early prevention services at intake improves child safety, reduces the future occurrence of maltreatment, and reduces entry into foster care.

Benchmarks:

1. The Intake and Investigation Program Manager will form a workgroup to consider what types of screened out cases would qualify for a prevention pathway response. Analyze the data to determine patterns or types of screened out reports which later result in assigned cases. Also consider data from other sources, such as other states, the Annie E. Casey Foundation and National Council on Crime and Delinquency (NCCD).

Timeframe: January 2020.

Measure: Production and distribution of reports describing the data analysis, findings and recommendations.

Progress Report: This benchmark is pending. Funding for a prevention pathway response was not included in the Department's budget initiative for SFY2020, and given the current fiscal climate, it is not expected to be included in the budget initiative for SFY2021. However, preliminary planning activities, including analysis of patterns in screened out cases and assigned cases, can still be done to prepare for future programming and to bolster the assertion that such programming would be beneficial. This type of analysis will be a priority for the Intake and Investigation Program Manager in the upcoming year.

A CQI Post-Adoption Disruption workgroup is considering a prevention pathway response specific to post-adoptive families. Preliminary discussions have centered on creating a process to refer at-risk families, who have been reported to the hotline but do not meet criteria, to A Better Chance for Our Children, with whom the Division currently contracts to provide post adoption services. The workgroup also discussed the need to research other jurisdictions for prevention pathway responses. This benchmark's timeframe is revised to June 2021.

2. The Intake and Investigation Program Manager to lead research of prevention services offered in other jurisdictions at intake. Collect data on best practice and evidence based models proven to reduce recidivism. Consult with sister divisions within the department, particularly with the Division of Prevention and Behavioral Health Services, to determine if the department already possesses the capacity to offer a prevention service at intake. Use this data to select a prevention response.

Timeframe: December 2020.

Measure: Documentation of reports describing research, findings, recommendations and actions taken.

Progress Report: This benchmark is pending. Initial research has yielded some general information about chronic neglect but little in the way of specific programming or models to address prevention services offered at intake. However, the agenda for the upcoming year is to connect with the state liaison officer in Minnesota to learn more about their Parent Support Outreach Program offered at intake to screened out families.

The Intake and Investigation Program Manager intends to engage NCCD/CRC and Annie E. Casey Foundation for information about prevention services offered in other jurisdictions. This benchmark's timeframe is revised to April 2021.

3. Build the infrastructure necessary to support a prevention response. Agency leadership and Intake and Investigation Program Manager to request budgetary support and submit Requests for Proposals, if the evidence-based service is to be provided by an external contractor. Consider departmental and community-based options to accommodate prevention referrals. Consideration will need to be given to building the appropriate tools in FOCUS, including altering the SDM[®] intake tool to accommodate prevention responses.

Timeframe: June 2022.

Measure: Documentation of actions taken to support the provision of a prevention response.

Progress Report: This benchmark is pending.

Objective: Expand the agency's differential response service array so that more families have access to an appropriate level of service from the agency and can be diverted from deeper end services within the child protection system.

Rationale: In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent entry into deeper involvement with the child protection system. Nationally, differential response has been shown to have a positive impact on child safety because the case worker's focus is on engaging the family in meaningful ways and implementing appropriate services more quickly, thus enabling families to keep their own children safe. Research also suggests that early intervention from a differential response program may reduce recidivism and prevent children from eventually entering the foster care system. Currently in Delaware, there are five differential response pathways: contracted adolescent FAIR, contracted domestic violence FAIR, contracted substance abuse FAIR, contracted Plans of Safe Care, and internal adolescent FAIR. Cases are selected for or excluded from each of these pathways based on varying sets of criteria, including maltreatment types and parental risk factors, with a focus on identifying and working with low risk cases to prevent future child maltreatment. However, with regard to contracted adolescent FAIR, data from CY2018 reflects that only 2% of children and youth were found to be victims in subsequent substantiated reports. Data also shows that 4.7% of children and youth who have had previous involvement with contracted adolescent FAIR have subsequently entered DFS custody. Additionally, the internal adolescent FAIR program has been successful on two fronts: first, in transferring fewer adolescent cases to DFS treatment, and second, in allowing the FAIR workers to spend time engaging with families by assigning predominantly Priority 3 (10 day response) cases. Because FAIR cases are not typically Priority 1s (24 hour response) or Priority 2s (3 day response), FAIR workers are able to move away from crisis intervention and engage more meaningfully with families. This results in more timely contacts, faster service

implementation, and better outcomes for children. Expansion of differential responses will allow DFS to provide a response proportionate to risk level, diverting families from more intrusive, formal or deeper end services.

Outcome: Families who are reported to the DFS intake hotline and are screened in for a response receive services proportionate to their need, thus improving child safety and decreasing future occurrences of maltreatment.

Benchmarks:

1. Intake and Investigation Program Manager to contract with community-based provider to address reports screened in for “Risk of Neglect.” A Request for Proposals has been written and will be issued, pending budgetary approval.

Timeframe: March 2020.

Measure: Selection of a contracted provider to address risk of neglect differential response.

Progress Report: Budgetary approval was received for SFY2020, and a Request for Proposal was issued at the end of November 2019. Proposals were due by January 6, 2020, and a panel convened to evaluate each submission. Children & Families First was selected to provide FAIR services to families for whom DFS screens in reports for “Risk of Neglect.” It is expected, as was delineated in the Request for Proposal, services will expand to encompass additional subcategories of neglect, according to the contracted provider’s capacity and DFS’ need. Contract negotiations were initiated in March 2020, and a signed contract is expected by the end of June. This benchmark’s timeframe is revised to September 2020.

2. Expand internal capacity for FAIR cases. Intake and Investigation Program Manager to reconvene the FAIR Expansion Workgroup to address training needs and organization of the workforce to accommodate dedicated FAIR units. Consider assigning Priority 3 cases to a FAIR response track, including those requiring a Multi-Disciplinary Team (MDT) response and other case types.

Timeframe: March 2021.

Measure: Documentation of DFS FAIR expansion.

Progress Report: The FAIR Expansion Workgroup reconvened August 8, 2019 and meets monthly. Workgroup members were divided into subgroups to address data, services, training, and policy. The data subgroup was tasked with researching the number of investigations being handled by each of the regions on a monthly basis and to determine the proportion of P1s (24-hour response), P2s (3-day response), and P3s (10-day response). This group was also tasked with comparing these numbers and proportions with the available staff complement to determine how many FAIR workers and units would be needed if all of the state’s P3s were to be assigned as FAIR cases.

The findings of this group were consistent across the state, with “Urgent Response” cases (P1s and P2s) comprising 40% of total intakes, and P3s comprising roughly 60% in each region. The intent is that only cases of egregious harm, i.e., P1s and P2s, will receive an investigation, and all P3s, including those in which an MDT response is necessary, will be eligible for the FAIR pathway. Kent County took the additional step of reorganizing their existing investigation staff into Urgent and P3 categories, in order to begin the process of shifting the work. The services subgroup researched available resources that would be most beneficial to our FAIR population, as well as identifying gaps in services. Work is underway in other state groups, such as the Integrated Child Welfare Planning Collaborative, to identify gaps and reduce redundancy in services, and the FAIR services subgroup will link to their findings. The training subgroup determined that training should be provided and tailored to staff in two broad categories: 1) all DFS staff, regardless of their function, and 2) staff who were identified to carry FAIR cases. A PowerPoint training was created, with the help of the CPD, to provide an overview of differential response in the nation and in Delaware, to familiarize staff with the legislation behind differential response, and to orient staff to the practice changes inherent in a shift to FAIR. This training will be provided at the regional level by regional staff, current FAIR staff, and the Intake and Investigation Program Manager. Once FAIR staff are identified and the new process is launched, additional training will be made available to FAIR staff, including monthly coaching calls with the Intake and Investigation Program Manager. The training subgroup also considered the need to enhance new worker training so that new staff are oriented to the FAIR approach as the default approach, since it is anticipated that as many as 60% of intakes will be assigned to the FAIR pathway. These recommendations were shared with the CPD, who is responsible for creating and providing new worker training, and who was also a member of the training subgroup. The policy subgroup was tasked with reviewing the existing FAIR policy, expanding it to include a broader application across populations and maltreatment types, and revising it to match current needs, practices, and requirements. Those revisions and recommendations were provided to the Intake and Investigation Program Manager, who is in the process of incorporating them into the policy before sending the policy through the final review and approval process.

A statewide FAIR expansion go-live date of February 1, 2020 was initially selected, but that date was moved back due to staffing and caseload concerns. At the workgroup meeting on February 6, 2020, the group decided that each region would have to have a minimum of 60% of their investigation staff on rotation before launching FAIR. Based on this criterion, Kent County was determined to be the closest to reaching this minimum requirement, and a tentative go-live date of April 1, 2020 was selected. However, with the recent COVID-19 state of emergency conditions and the accompanying shift in priorities, this go-live date is stayed.

3. Agency leadership to monitor implementation of the expansion through the use of initial contact reports, caseload reports, case reviews and backlog reports. Assess effectiveness of the expansion through reports on repeat maltreatment, rate of transfer

to treatment, and entries into foster care. Assess the impact on the formal investigation pathway through reports on timeliness of contacts for both investigation and FAIR.

Timeframe: December 2021.

Measure: Production of reports evaluating processes and outcomes of expanded DFS FAIR responses.

Progress Report: This benchmark is pending. FAIR expansion has not launched and remains in the planning phase.

Objective: Ensure child safety in treatment cases by making timely initial contacts, ongoing family and client contacts, responding to hotline reports that require a treatment response. Ensure quality of contacts by using data reports and case review findings to monitor compliance at the state, region, team, and caseworker level. Provide reports at different intervals. Ensure quality of contacts per policy, OSRI and best practice standards.

Rationale: Management of timeliness and quality of family and client contacts is vital to child safety at the case and system level.

Outcome: Timely and quality treatment contacts improve child safety.

Benchmarks:

1. Treatment Program Manager and data team to develop and produce initial and ongoing treatment family and client contact reports to monitor compliance with established timeframes. Use OSRI case review results as companion measures for contact compliance.

Timeframe: March 2020.

Measure: Documentation of development and production of contact reports.

Progress Report: There are several reports available for family contacts:

- **DFS Initial Treatment Contacts:** This report provides information about the initial family contacts for each newly assigned case. It identifies the number of initial family contacts due in the timeframe selected and how many of those initial contacts were made on time, not on time, or not completed. When an initial family contact is not made by the due date the supervisor indicates whether or not diligent efforts were made by the caseworker to meet the contact timeframe. This report tracks whether or not diligent efforts were made for any initial family contact completed after the due date. This report also calculates the percentage of initial family contacts that were made by the due date for each caseworker.
- **Treatment Open for 30 Days No Actual Contact:** Caseworkers are required to make their initial contact with the family within 1-14 days of the treatment case opening. This report indicates when a case has been open for longer than 30 days and the initial contact has not been recorded in the case.

- Treatment with No Contact Schedule: Once a caseworker enters the date of their initial contact and ongoing contact schedule will be generated. This report indicates when there is an open treatment case and there is no ongoing contact schedule in the case. Similar to the report above, this report indicates that the initial contact has not been entered into the case. This report provides further information about how many days the case has been open, how many days the contact is overdue, and date that the contact became overdue.
- Treatment Cases with Overdue Actual Contacts: This report provides information about the number of days between contacts with a family and how frequent the caseworker is required to meet with the family. The supervisor sets the contact schedule for each family based on risk and safety concerns. A caseworker could be required to see a family weekly, biweekly, or monthly.
- DFS Ongoing Treatment Contacts: This report provides information about the ongoing family contacts for each assigned case. It identifies the number of ongoing family contacts due in the timeframe selected and how many of those contacts were made on time, not on time, or not completed. When an ongoing family contact is not made by the due date the supervisor indicates whether or not diligent efforts were made by the caseworker to meet the ongoing contact timeframe. This report tracks whether or not diligent efforts were made for any contact completed after the due date. This report also calculates the percentage of contacts that were made by the due date for each caseworker.

In regards to client contacts (monthly contacts with children in foster care), our data team continues to work on providing accurate and validated data reports to management and staff. There have been struggles with validating data provided in the client contact reports. The client contact report provides information about whether or not the caseworker had face to face contact with a child in foster care during each month the child was in DFS custody and if that contact was in the child's home. This report is similar to a tracking sheet for the supervisors and caseworkers to easily see their client contacts. Delaware includes virtual visits as in the residence contacts per federal COVID-19 instructions.

Data is also compiled by the quality assurance team using the OSRI tool. Item 14: Caseworker visits with child scores 76%; and Item 15: Caseworker visits with parents scores 65% (N=90 for October 2019 to March 2020 case reviews).

In the upcoming year training will be scheduled with supervisors to discuss data reports and how to use these reports in supervision and case conferencing.

This benchmark is complete.

2. Treatment Program Manager and data team to distribute reports to regional managers, supervisors, and caseworkers. Review barriers to maintaining contact schedules and implement strategies to relieving barriers.

Timeframe: June 2020.

Measure: Documentation of distribution, review and actions taken resulting from contact reports.

Progress Report: The family contact reports listed above are emailed weekly and monthly to DFS managers and administrators who forward the report to supervisors. Supervisors provide the reports to caseworkers in their unit. Training is being developed for supervisors to help them understand the reports and how they can be used in supervision. These reports can also be self-generated and customized by staff at any point in time.

The client (foster child) contact report is emailed to DFS managers and administrators monthly. Administrators forward the report to regional staff.

One of the barriers to entering timely client contacts in FOCUS was that the system was not generating the next contact. FOCUS liaisons can now generate the contact when it is not generated automatically.

Data compiled using the OSRI tool is reviewed and discussed periodically in the monthly Strategic Leadership Team and quarterly statewide all management meetings. As a direct result of the declining performance on OSRI Items 14: Caseworker visits with child and 15: Caseworker visits with parents with intact families, the CQI Steering Committee sanctioned a CQI Intact Family Committee. This committee will examine barriers and developing strategies to address this area needing improvement. Barriers already identified to making timely contacts are larger caseload sizes, staff turnover, and increased workload needs.

This benchmark's timeframe is revised to June 2020 and ongoing. A new benchmark is added for 2021: The CQI Intact Family Committee to make recommendations to Strategic Leadership Team for improving contact frequency and quality with children and caregivers in intact family cases. Timeframe: April 2021. Measure: Documentation of recommendations and actions taken.

3. Treatment program workgroup to review priority response requirements for treatment in policy and revise or establish the priority response policy related to an accepted hotline report that is screened out for investigation but requires the treatment caseworker to respond within a priority timeframe.

Timeframe: December 2020.

Measure: Documentation of priority response procedures, distribution and adjustments.

Progress Report: The treatment workgroup owns the drafting of policy and procedures for treatment priority responses. Currently during the intake process when a report would normally be accepted for investigation, but the concerns in the report can be responded to by a treatment caseworker who is already working with the family, then a treatment response event is sent to the active treatment caseworker. The treatment caseworker responds to the report in the same priority timeframe determined by the intake tool.

The workgroup will develop a more defined policy and procedure for treatment responses.

4. Treatment Program Manager and data team to develop and produce priority response contact reports to monitor compliance with priority response timeframes by distributing reports to regional managers, supervisors, and caseworkers.

Timeframe: June 2021.

Measure: Documentation of timeliness of priority responses in treatment and actions taken to improve performance.

Progress Report: This benchmark is pending. Report is being developed.

5. Treatment Program Manager and workgroup to review quality of contacts using the OSRI. Team to consider review and revision (if required) of contact template and guide for workers to use when documenting family and client contacts. Team to make recommendations as needed to improve quality of contacts.

Timeframe: June 2020.

Measure: Documentation of review findings, recommendations and interventions taken to improve quality of contacts.

Progress Report: Frequency and quality contacts are an ongoing discussion with supervisors and administration and is a carry forward concern from the CFSR PIP. DFS uses a contact template that helps caseworkers organize their face to face narrative. The contact template includes the following:

- Type of contact
- Date, time, location
- Participants
- Purpose
- Discussion (what's working well/what are the worries)
- Observation and assessment
- Are children safe? Y/N and why
- Next steps

For CY2019 the OSRI found that Item 14: Caseworker visits with child is satisfactory in 75% of reviews. For Item 15: Caseworker visits with parents is satisfactory in 71% of reviews. This benchmark's timeframe is revised to June 2020 and ongoing.

Objective: Sustain safety protections for at risk children and youth placed in Delaware via interstate compact agreements.

Rationale: Child safety is a compact mandate and the core of the compacts goals. The Interstate Compact on the Placement of Children (ICPC) and The Interstate Commission of Juveniles (ICJ) are mechanisms to ensure the protection of children and youth placed across state lines. In 2018, the ICU processed a total of 1012 incoming and outgoing referrals for the three compacts combined. The interstate unit assisted with 30 adoptions and 18 guardianships; 11 children returned to their home state.

Outcome: Low rates of child maltreatment and maltreatment reoccurrence for children placed in Delaware via the ICPC.

Benchmarks:

1. The Interstate Unit to conduct annual contract monitoring of our community-based providers. Monitoring to include the number of placements, reportable events for alleged child abuse and neglect, number of reoccurring reportable events, and number of children and youth returned to their home state due to allegations of child abuse and neglect. Monitoring will also include assessment of Delaware Child Abuse and Neglect Training attendance.

Timeframe: June 2020 and annually.

Measure: Documentation of monitoring finding and corrective actions as indicated.

Progress Report: The Interstate Unit had three annual contract service monitorings scheduled to be completed by March 31, 2020. Due to COVID-19, only one monitoring was completed which included a site visit, staff interviews and desk audit, results are pending. The other two monitorings are scheduled to be completed the first and second month the agency allows under COVID-19 precautions. While working remotely the interstate team monitored data, updated an electronic staff survey and completed reportable event reviews.

2. Interstate Unit to conduct quarterly monitoring of allegations of child abuse and neglect for youth receiving supervision in the state of Delaware. Unit to issue corrective actions as indicated.

Timeframe: October 2019 and quarterly thereafter.

Measure: Documentation of quarterly monitoring of abuse and neglect allegations and actions taken to ensure child safety.

Progress Report: During October 2019–December 2019, the interstate unit received 8 reportable events, none were allegations of child abuse and neglect. During January 2020–March 2020, 17 reportable events were received; 3 youth had two reports each. Of the 17 reports, 5 alleged child abuse and neglect, all unfounded. In response, the unit provided caregivers discipline refresher training, provided by the assigned contract provider. During this timeframe, none of the reportable events were reoccurring events and no children and youth were returned to their home state due to allegations of child abuse and neglect.

Permanency

Goal: Children will maintain or achieve timely permanency.

Rationale: Child welfare systems initial focus is on stabilizing safety and risk factors to prevent entries into foster care. Once a child enters state custody, the focus shifts to reunification with the family. If reunification cannot be achieved children should have timely permanency planning within 12 months of entering foster care. It is also important for children to maintain their connections with their parents, extended family and community while living in out of home care. It is nationally accepted that children have better outcomes when they have permanent family connections and that whenever possible children do better when they are cared for by their families. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. For SFY2018, 82% of foster children were reunified with their family within 12 months of entering foster care. The companion measure of reentry into foster care within a year of reunification also meets Round 3 national standards. CFSR Round 3 Data Profiles for permanency finds Delaware below standard for permanency in 12 months of entering care and meeting standards for permanency for foster children in care longer than 12 months. Delaware is slower to reunify or achieve other permanency exits in the first 12 months but has a low reentry rate. Placement stability also meets Round 3 standards. During FY2018 a total of 116 adoptions occurred, the highest number to date, with 50% of those occurring within 24 months of most recent removal. In the 2015 CFSR, areas relating to permanency were identified as needing improvement. Subsequently, DFS, CIP and CPAC committees collaborated to strengthen legal process to improve timely permanency and achieved all PIP activities effective March 2019.

OSRI results from April–September 2018 find 66.67% of cases rated strength for Item 4: Stability of foster care placement; 81.48% rated strength for Item 5: Permanency goal for child; 83.33% rated strength for item 6: Achieving reunification, guardianship, adoption or APPLA; 84% rated strength for Item 7: Placement with siblings; 91.43% rated strength for Item 8: Visiting with parents and siblings in foster care; 96.3% rated strength for Item 9: Preserving connections; 93.88% rated strength for Item 10: Relative placement; 93.33% rated strength for Item 11: Relationship of child in care with parents; 78.89% rated strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% rated strength for Item 13: Child and family involvement in case planning; 81.11% rated strength for item 14: Caseworker visits with child; and 76.06% rated strength for Item 15: Caseworker visits with parents. Ratings for Item 12A: Needs assessment and services to children rated strength in 88.89% of cases; 87.32% rated strength for 12B: Needs

assessment and services to parents; and 89.13% rated strength for Item 12C: Needs assessment and service to foster parents.

Stakeholders say Delaware has a strong commitment to youth not only in the Department but in the community as well, family needs are not consistently met statewide, youth know their plan, case status and circumstances, family teaming is gaining momentum, good effort to place siblings together, and foster parents are more involved with families. Stakeholders also say collaboration with families, youth, team members and other service providers can be improved, there is a gap of efforts and services to prevent foster care entry, and visitation for foster children is too infrequent and lacks quality and normalcy.

Measure: Onsite Review Instrument case review performance is the primary measure for this goal with a 90% strength performance expected for each: Item 4: Stability of foster care placement, Item 5: Permanency goal for child, Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement, Item 7: Placement with Siblings, Item 8: Visiting with parents and siblings in foster care, Item 9: Preserving connections, Item 10: Relative placement, Item 11: Relationship of child in care with parents, Item 12: Needs and services of child, parents, and foster parents; Item 13: Child and family involvement in case planning; 14: Caseworker visits with child; and Item 15: Caseworker visits with parents.

Companion measures are CFSP Round 3 national standards for permanency, placement stability and reentry into foster care with performance goals of meeting or exceeding standards.

Measures for team decision making practice are: 80% of children will have a pre-removal TDM, 60% of children will be diverted from custody and 95% of children who enter custody will have a TDM.

Performance: For this report and the 2021 CFSP edition, Delaware revises the performance goal for OSRI items to 90% to align with federal standards.

Case reviews show that Delaware has continued to improve performance on both permanency outcomes and is significantly better than national performance. For Item 4: Stability of foster care placement, Delaware scored a 72% strength rating on all completed reviews from April 2018 to March 2020 (N = 324). For the most recent completed case reviews for Oct 2019 to March 2020 (N = 90), Delaware scored an 87%. In reviewing placement stability within the first 1,000 days on the CFSR 3 Data Profile, Delaware scored worse than national performance with an average of 5.4 moves for FFY2019. This is a decrease in performance as compared to 4.6 moves in FFY2018. Both case review scores and state profile performance fall below standards.

For Item 5: Permanency goal for child, Delaware had an 88% strength rating on all completed case reviews and a 91% strength rating on most recently completed reviews. Delaware met 90% performance goal. For Item 6: Achieving reunification, guardianship, adoption, or APPLA, Delaware scored an 86% strength rating on all completed reviews and an 87% strength rating on most recently completed reviews. Delaware was within 3% of meeting a performance goal of 90%. For Permanency Outcome 1 (Items 4, 5, and 6), Delaware's 2015 CFSR baseline performance was 56%, national performance was 29%. Delaware scored a 56% strength rating for PIP reporting

Period 1 (April–Sept 2018) case reviews, a 56% for Period 2 (Oct 2018–March 2019) and a 76% for Period 4 (Oct 2019–March 2020).

For Item 7: Placement with siblings, Delaware had a 91% strength rating on all completed case reviews and a 90% strength rating on most recently completed reviews. For Item 8: Visiting with parents and siblings in foster care, Delaware had a 90% strength rating on all completed case reviews and a 97% strength rating on most recently completed reviews. For Item 9: Preserving connections, Delaware had a 99% strength rating on all completed case reviews and a 100% strength rating on most recently completed reviews. For Item 10: Relative placement, Delaware had a 97% strength rating on all completed case reviews and a 98% strength rating on most recently completed reviews. For Item 11: Relationship of child in care with parents, Delaware had an 93% strength rating on all completed case reviews and a 97% strength rating on most recently completed reviews. For Permanency Outcome 2 (Items 7, 8, 9, 10 and 11), Delaware’s 2015 CFSR baseline was 81%, national performance was 61%. Delaware scored a 93% strength rating for Period 1 (April–Sept 2018) case reviews, 98% for Period 2 (Oct 2018–March 2019) and 98% for Period 4 (Oct 2019–March 2020). Delaware has met the 90% performance goal for Items 7-11. Performance is unavailable for re-entry into foster care and permanency in 12 months due to data quality issues (see assessment section for explanation). The CFSR 3 data profile shows Delaware at 41.3%, no different than national performance, for permanency within 12 months for children in care 12-24 months and 37.5%, better than national performance, for permanency within 12 months for children in care more than 24 months for FY2019.

For Well Being Outcome 1 (Items 12, 13, 14 and 15), Delaware’s 2015 CFSR baseline performance was 70%, national performance was 37%. Delaware scored a 72% strength rating for Period 1 (April–Sept 2018) case reviews, 64% for Period 2 (Oct 2018–March 2019) and 68% for Period 4 (Oct 2019–March 2020). For Item 12: Needs and services of child, parents, and foster parents, Delaware had a 73% strength rating on all completed case reviews and a 70% strength rating on most recently completed reviews. For Item 13: Child and family involvement in case planning, Delaware had a 75% strength rating on all completed case reviews and a 68% strength rating on most recently completed reviews. For Item 14: Caseworker visits with child, Delaware had an 76% strength rating on all completed case reviews and a 76% strength rating on most recently completed reviews. For Item 15: Caseworker visits with parents, Delaware had a 71% strength rating on all completed case reviews and a 65% strength rating on most recently completed reviews. Delaware did not meet 90% performance goal on Items 12-15.

Here are the team decision making metrics for July-December 2019:

TDM Stats (7-19 to 12-19)	Count	Goal %	Performance
Pre-removal	116	80%	61%
Diverted from custody	71	60%	61%
Post-removal (N=168)	99	95%	59%

Objective: Strengthen family search and engagement (FSE) practice to locate, engage, connect and support family resources for children and youth in foster care. FSE practice will be enhanced by sending out relative notification letters when a child or youth enters DFS custody and again 6 months later, utilize the family search and engagement contract

during treatment and reunification work, complete a national search and utilize the parent locator database.

Rationale: Children thrive when they have relationships with adults who support and love them. Stakeholder focus groups and surveys agree that family search and engagement is imperative for children and youth in foster care. Sending relative notification letters increases the likelihood that a kinship connection can be made for children and youth in foster care. Additionally, the family search and engagement program allows the practice to be child and youth led. US search and parent locator data base are tools that can locate the non- custodial parent and putative father. The identification of the father increases the family connections for a child or youth. The Division of Family Services has had a family search and engagement contract with Children and Families First since 2013. The purpose of this contract is to foster permanency for children in foster care. This service includes strategies, tools and skills for early and ongoing identification of family and others who are significant to children and youth. Since this program started, there have been 46 children referred for services. Eleven of those referred have developed new connections and 21 children reconnected with relatives and non- relatives. For the children receiving services, 70% developed a connection with a relative or non- relative that may be a resource.

Outcome: Children thrive when they have lifelong connections with family and a permanent place to call home.

Benchmarks:

1. Promoting an expansion of the eligible population and controlling referrals, the Treatment Program Administrator will increase referrals to contracted family search and engagement services.

Timeframe: 2020 and ongoing.

Measure: Documentation of number of referrals to family search and engagement in treatment cases and adjustments to referral process.

Progress Report: Family search and engagement services expanded during CY2019 by starting the referral process earlier. Treatment workers and permanency workers can refer cases; prior to 2019 referrals came from permanency caseworkers. This change aims to reduce the time in foster care by earlier establishment of family connections. Thirty-six children were referred for services during CY2019.

2. The Treatment Program Administrator to gather data on connections and outcomes of contracted family search and engagement.

Timeframe: 2020 and ongoing.

Measure: Documentation of referrals and outcomes.

Progress Report: The table below reports on outcomes of contracted family search and engagement activities for CY2019.

FSE Service/Outcome	Count
Total number of youth served	36
Family connections established	34
Non family connections established	11
Reunification with father	1
Closed upon reunification, adoption or guardianship	7

3. The treatment program team to use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and quality assurance case review reports with DFS staff and system partners.

Timeframe: 2020 and ongoing.

Measure: Documentation of performance on OSRI Item 9: Preserving connection for cases receiving contracted family search and engagement services.

Progress Report: Delaware has several family search and engagement tools to help families identify supports and connections. These tools include TDM, family team meetings, and group supervision using Consultation and Information Sharing Framework, a tool designed by Sue Lohrbach. The Family and Child Strengths and Needs Guides include a genogram and ecomap. Other tools used in Safety Organized Practice are circles of safety and support and connectedness mapping. For CY2019, 1,033 Framework records were created in FOCUS of which 99% included a genogram.

The Family and Child Strengths and Needs Guide (FSNG/CSNG) assesses caregiver and child strengths and areas of needs. A part of the assessment includes the use of a genogram and ecomap to identify family supports within the context of safety, risk, permanency, and well-being. These fields are mandatory to complete the assessment. The CSNG includes a field called “preserving connections” to consider those supports and the important people in a child’s life. In February 2020 a relationship table was added to the assessment person on the FSNG/CSNG. The relationship table is found on the client person screen in FOCUS. Caseworkers have easy access to the relationship table and can update information as it is known. The relationships defined in the table will fill to the relationship table on the client person. Any relationships on the client person will forward to the assessment person as well.

There is a FTM record in FOCUS. Caseworkers are encouraged to use this record to document family team meetings, they can also document FTMs in a case note. For CY2019, 170 FTMs were documented in the FTM record. Of those meetings, 99.4% included a parent, child, relative, and/or family supports.

TDMs include family search and engagement activities to locate resources who may be a support to the family and child when considering removal of a child from the home. Families are coached to identify who should attend the TDM. The chart below shows that when invited a high percentage of participants who were invited actually attended the TDM. This chart also shows that engaging fathers and paternal relatives is an area to improve.

Participant	Invited	Attended	% Attended	% Of Total Participants Attended
Mothers	99	96	97.0%	13.2%
Fathers	77	60	77.9%	8.3%
Maternal Relatives	97	92	94.8%	12.7%
Paternal Relatives	64	53	82.8%	7.3%
Relative Caregiver	18	17	94.4%	2.3%
Non-Relative Caregiver	23	19	82.6%	2.6%
Foster Parent/ Other	4	3	75.0%	0.4%
Informal Support	48	47	97.9%	6.5%
Formal Support	307	306	99.7%	42.2%
Youth	34	32	94.1%	4.4%

For CY2019 Delaware performed well on Item 9: Preserving connections in case reviews. Connections were preserved in 100% of cases reviewed. This is an improvement from CY2018's 97% rating.

Objective: Practice Team Decision Meetings with fidelity to strengthen safety assessment and planning for those who are at-risk of entry into foster care.

Rationale: Team Decision Meetings are facilitated meetings that help families, youth, caseworkers, and supports collaborate together in planning for the safety of children and youth. Delaware conducts TDMs when considering removing the child from the home. TDMs have shown to divert a number of children from state custody and involve natural family supports that continue the child's connection to family. TDMs bring mothers, fathers, relatives, and informal supports together for planning. In CY2018, 55% of TDM's were held pre-removal and 42% of those children were diverted from DFS custody. Seventy-seven percent of children had a mother attend and 43% of children had a father present.

Outcome: More at risk children will be diverted from foster care by increasing the number of pre-removal TDMs referrals to 80%. Of all children entering foster care, 95% will have a TDM. There will be increased participation by fathers and paternal relatives in TDMs.

Benchmarks:

1. TDM workgroup to issue TDM policy and procedures, using the formal policy approval protocol.

Timeframe: June 2020.

Measure: Issuance of TDM policy.

Progress Report: TDM policy has been written and reviewed by the TDM Workgroup in February 2020. The policy is expected to be finalized and presented for formal review June 2020.

2. TDM workgroup to develop and implement training on TDM policy and procedure. Team to consider live and web-based presentations.

Timeframe: September 2020.

Measure: Issuance of TDM policy.

Progress Report: In the past year the Department partnered with Annie E. Casey Foundation to train/retrain on the TDM process. The training included the TDM facilitators, their supervisors and partners from DYRS, DPBHS, and DMSS.

DFS assisted Annie E. Casey Foundation in hosting managers and administrators from Louisiana to learn the TDM process.

The TDM facilitators provide quarterly trainings to new workers quarterly.

The plan for the next year is to train agency staff on the new TDM policy and procedures referenced in Benchmark 2. The timeframe for this benchmark is revised to March 2021.

3. TDM workgroup to develop and distribute data reports regarding children who had a pre-custody TDM, children entering custody without a TDM, and children who had a post-custody TDM to regional managers, supervisors, and caseworkers. Review participant surveys for revision and include input in evaluation of practice. Team to include OSRI Items 9, 10, 12A, 12B and 13 in reporting. Conduct case reviews on children who enter custody but exit custody within a short timeframe.

Timeframe: March 2021 and ongoing.

Measure: Issuance of TDM reports including participant input and documentation of actions taken to improve process measures and diversion from foster care rates.

Progress Report: This benchmark activity is ahead of schedule. The Treatment Program Manager developed several TDM reports in FOCUS which are used to inform the TDM workgroup. The reports were added to FOCUS in July 2019. The reports look at the following data points:

- Children in DFS Custody: This report focuses on all the children who entered DFS Custody during a specified time period. This report looks at the following:

- Date of entry
- Reason for entry
- Entry placement
- Date of Exit
- Who the child exited custody to
- Whether or not there was a TDM
- Exceptions to a TDM
- Type of TDM
- Recommendations from the TDM for placement and custody
- Region TDM was held
- Program area

From July 1, 2019–December 31, 2019, 168 children entered DFS custody. Of those children 99 (59%) had a TDM with 36 (36%) of those TDM's pre-removal.

The TDM workgroup and CIP review data reports on children who enter and exit DFS custody within 60 days. Of the children who entered DFS custody, 26 (15%) had a short stay in custody. Of the children with a short stay in custody 16 (62%) did not have a TDM, 7 (27%) had a TDM after placement in DFS custody, and 3 (12%) had a TDM prior removal.

Delaware has a high standard (95%) for holding TDMs when out of home placement is considered; performance can improve.

- Children with TDM: This report focuses on all children who had a TDM during a specified time period. This report looks at the following:
 - Demographic information on the child including Indian Child Welfare Act elements
 - Child, mother, and father attendance
 - Recommendations for placement and custody
 - If the child entered/exited DFS custody
 - Placement of the child if entered DFS custody
 - Age of child
 - Type of TDM
 - Region of TDM

From July 1, 2019–December 31, 2019, 189 children had a TDM. Of these children 81% had a mother attend the TDM and 46% had a father who attended a TDM. Twenty-three percent of children attended a TDM. Caseworkers are most successful getting mothers to attend TDMs, and need to improve father and child engagement. TDM diverted 61% of children from entering DFS custody.

- TDM Summary: This report focuses on each TDM as a whole that was held during a specified time period. The report tracks the following elements:
 - The number of children discussed

- Meeting location
- Facilitator
- Purpose of TDM
- Program area
- Region
- Substance abuse concerns and if the substance abuse liaison attended the TDM
- Domestic violence concerns and if the domestic violence liaison attended the TDM
- Attempts made for the TDM to be held prior to removal
- Safety concerns
- Why a TDM was needed
- Date of next family team meeting

The TDM workgroup learned from this report that the rate of pre-removal TDMs is low but higher than previous years. There is more emphasis on pre-removal TDMs and the TDM facilitators prioritize the pre-removal TDM over post-removal TDM referrals.

The TDM workgroup expects higher participation rates of domestic violence and substance abuse liaisons where concerns are indicated on the TDM referral.

TDM Type	Count	%
Pre-Removal	74	62%
Post-Removal	32	27%
Court Initiated	13	11%
AOD Concerns	44	37%
AODL Invited	13	29%
AOD Attended	3	23%
DV Concerns	16	13%
DVL Invited	5	31%
DVL Attended	3	60%
Safety Concerns*	3	3%

*DV Liaisons do not attend when perpetrators are viewed as risks to participating victims.

- TDM Participants: This report focuses on the people who were invited and attended the TDM. The report looks at the following:
 - Mother
 - Father
 - Maternal relatives
 - Paternal relatives
 - Formal supports
 - Informal supports
 - Relative caregivers
 - Non-relative caregivers
 - Foster parents
 - Youth

Attendance is strong for mothers, relatives, supports and youth when invited to attend.

Participant	Invited	Attended	% Attended
Mothers	99	96	97.0%
Fathers	77	60	77.9%
Maternal relatives	97	92	94.8%
Paternal relatives	64	53	82.8%
Relative caregiver	18	17	94.4%
Non-relative caregiver	23	19	82.6%
Foster parent	4	3	75.0%
Informal support	48	47	97.9%
Formal support	307	306	99.7%
Youth	34	32	94.1%

- **Exception Reports:** This report focuses on when a TDM exception was requested and the reason for the exception. Caseworkers and TDM facilitators can request a TDM be waived under limited circumstances. Examples of these circumstances are if a parent declines a TDM, the parents cannot be located, the child did not change placement after entering custody.

The Children in Custody, Children with TDM, Exceptions, and Participants Reports are reviewed in TDM workgroup and provided to managers and administrators who share reports with staff monthly. The data reports are kept in the TDM folder on a shared drive.

In the upcoming months the TDM workgroup plans on reviewing TDM participant surveys to determine if edits are needed.

Quality assurance case reviewers consider TDMs when evaluating these OSRI items; scoring for CY2018 and CY2019 follows:

	2018	2019
Item 2: Services to family to protect children in the home and prevent removal	100%	95%
Item 9: Preserving connections	97%	100%
Item 10: Relative placement	96%	98%
Item 12 A: Needs and services to children	86%	77%
Item 12 B: Needs and services to parents	87%	78%

This benchmark is revised to delete OSRI Item 13 as a data element as reviewers do not consider TDMs when evaluating family and child involvement in case planning.

4. Using continuous quality improvement strategies to improve weak areas of practice, TDM workgroup to identify areas needing improvement, research solutions, implement interventions and evaluate performance.

Timeframe: June 2021 and ongoing.

Measure: Documentation of TDM evaluation, resulting interventions and impact on performance and outcomes.

Progress Report: Several TDM reports are in production to provide a foundation for targeting areas identified for improvement using CQI principles and strategies. Targeted areas include participation of fathers, paternal relatives, and youth. Based on data, other targeted areas are the overall rate of TDMs and pre-removal rates. This activity is in progress.

5. Program Support Administrator to implement child welfare access to Office of Child Support Enforcement parent locator service for select regional staff to search for absent parents and relatives of foster children.

Timeframe: December 2019.

Measure: Documentation of locator access and functionality.

Progress Report: Access to the federal Office of Child Support Enforcement locator service is available to 6 supervisors and the program support administrator effective April 2020. The supervisors are located in various regional office statewide. Impact on locating parents and relatives is pending more experience with the person locate service. This benchmark is complete.

Objective: Strengthen kinship programming to improve permanency outcomes.

Rationale: Relative placement is a priority option when children have to leave their homes due to safety and risk factors. The American Bar Association cites research indicating living with relatives is better for children by minimizing trauma of removal, improving well-being, increasing permanency, improving behavioral health, promoting sibling relations, preserving cultural and community connectedness, and helps older youth transition to adulthood. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. Delaware's OSRI results for Item 10: Relative placement; show 93.33% of April-September 2018 case reviews are rated strength. Surveyed youth, foster parents, legal representatives, community professionals and DSYCF staff agree DFS caseworkers try to make relative placements when appropriate. Delaware seeks to strengthen kinship programming, building on current statewide programming providing case management and financial support. Delaware applied for a kinship navigator federal grant.

Outcome: Children will have better outcomes and healthier childhoods living with relatives when they must enter out of home care.

Benchmarks:

1. Foster care program workgroup to review and revise the relative home assessment policy and align FOCUS record structure as indicated.

Timeframe: Review policy by December 2019. Draft FOCUS change request, if needed, by June 2020.

Measure: Issuance of revised policy and documentation of completed FOCUS change request.

Progress Report: The foster care program workgroup is no longer meeting. The relative home assessment policy review shifted to the policy team. The foster care program manager was recently hired. This benchmark is revised to shift assignment and a new timeframe.

2. Foster Care Program Manager to train identified caseworkers and coordinators on changed procedures and FOCUS documentation.

Timeframe: December 2020.

Measure: Delaware Learning Center documenting training attendance.

Progress Report: The training timeframe will need to be adjusted due to the shifts in Benchmark 1. The new time frame to train identified caseworkers and coordinators is March 2021.

3. Upon receipt of the federal kinship grant, the Foster Care Administrator to draft and issue Requests for Proposal for a kinship navigator program. Proposed contracted components are a coordinator position, needs assessment, and recommendations for sustainable services.

Timeframe: Projected March 2020; TBD based on award notification.

Measure: Documented issuance of Requests for Proposal.

Progress Report: Delaware was awarded a FFY2019 kinship navigator grant and faced barriers with early tasks of the project. There has been an unforeseen delay in activities due to shortage of staff in the foster care program. Only recently has a part time position been hired to oversee the project. The employee is a retiree of Family Services and brings experience and knowledge to the project. The draft Request For Proposal is in progress. Projected completion of this task is July 2020.

4. DFS Strategic Leadership Team to consider kinship needs assessment and recommendations for practice interventions and enhancements. Consider partnering with existing community resources and mobile device applications.

Timeframe: Projected June 2021; TBD based on award and RFP dates.

Measure: Documentation of leadership team decisions, budget initiatives, links to community partners and technology utilization.

Progress Report: This benchmark is pending.

5. Based on kinship navigator grant recommendations, Foster Care Program Manager to revise current kinship guidelines and issue policy via the established policy protocol.

Timeframe: Issue policy by December 2021.

Measure: Documented issuance of kinship policy.

Progress Report: This benchmark is pending.

6. Foster Care Program Manager and Administrator to train coordinators and other applicable staff on kinship policy.

Timeframe: March 2022.

Measure: DLC records of training attendance.

Progress Report: This benchmark is pending.

Objective: Improve placement stability for children in out of home care.

Rationale: Placement instability has negative consequences for child safety, permanency and well-being. Generally, the more placements a child experiences, the probability of reunification decreases. Using the CFSR Round 2 national standards for placement stability, Delaware is below standards for all time-in-care groups (.12 months, 12-24 months and >24 months). Using the CFSR Round 3 national standard, Delaware meets the standard for placement stability. OSRI results for Item 4: Stability of foster care placement for April-September 2018 rates 66.67% of cases as strength. Stakeholders see more frequent foster parent involvement with families and that family teaming is gaining momentum. Stakeholders call for more foster parent training for challenging youth and better communication among a child's team.

Outcome: Children will be healthier, experience less trauma and have better permanency outcomes with fewer out of home placements.

Benchmarks:

1. Foster care workgroup to monitor frequency and quality of Ice Breaker meetings between family and placement resource; standard for meeting frequency for initial

placements is 95% and 50% for replacements. Quality of meetings is measured by participant satisfaction surveys.

Timeframe: January 2020.

Measure: Documentation of monitoring reports and actions taken to improve frequency and quality of meetings.

Progress Report: Foster care workgroup has been suspended with the establishment of a new operations region for statewide functions such as foster care coordinator units. The program team needs to reevaluate the utilization of Ice Breaker meetings and reestablish data collection and monitoring process. Monitoring of private agency Ice Breaker activities was suspended in the absence of the foster care program manager. A new timeframe of January 2021 is needed to get back on track.

2. Foster Care and Treatment Program Managers to draft proposal to expand team decision making meetings to include potential placement disruptions to facilitate additional services to stabilize placements. Managers to present to Strategic Leadership Team for approval and next steps.

Timeframe: March 2020.

Measure: Issuance of draft proposal and documented review by leadership team.

Progress Report: Only preliminary conversations occurred regarding expanding the use of TDMs for placement disruptions due to the temporary restructuring of the foster care program team. Expansion of TDM in the FIRST program is aligned with this benchmark. FIRST adopted the team decision making model to identify additional services to youth in department care and hired additional facilitators. FIRST serves youth receiving multi-divisional services by identifying informal and formal community supports for children and their families. This benchmark's timeframe is revised to January 2021.

3. With leadership approval, Foster Care and Treatment Program Managers to draft policy for pre-disruption TDM and circulate for approval using the policy review protocol.

Timeframe: September 2020.

Measure: Documented policy draft and issuance of policy.

Progress Report: This benchmark is delayed and dependent on the prior benchmark completion; timeframe is revised to July 2021.

4. Foster Care and Treatment Program Managers to conduct training, as indicated, for pre-disruption TDM. Consideration to be given for live and web-based presentations.

Timeframe: March 2021.

Measure: Delaware Learning Center documentation of attendance.

Progress Report: This benchmark is pending. The timeframe is revised to January 2022.

5. Interstate Compact placements will be monitored by the Interstate Unit for stability and implement interventions to prevent disruptions through collaboration with community-based service contractors.

Timeframe: 2020 and ongoing.

Measure: Documentation of monitoring and actions taken to stabilize placements.

Progress Report: The interstate team implemented a monitoring system for placement disruptions of children and youth placed in Delaware. The contract providers notify the interstate team member and supervisor immediately. The team tries to preserve the placement if not, the interstate team coordinates with the sending interstate office to arrange travel plans for the child to return. The disruption is addressed at the interstate monthly team meeting, the bi-monthly contract provider meeting and during one on one supervision with the involved interstate team member. During CY2019 there were 4 disruptions with one alternative placement arrangement. For January to March 2020 there was one disruption with the youth returning to the sending state.

Objective: Children placed out of the home will have frequent and quality visitation with their families to maintain family connections.

Rationale: Visitation between a child placed out of the home, family, and siblings is important to maintain connections and promotes timely family reunification and establishing timely permanency goals. Visitation maintains the parent/child bond. OSRI case reviews for April-September 2018 for Item 8: Visiting with parents and siblings in foster care rates 91.43% of cases as strength. Item 11: Relationship of child in care with parents is rated 93.33% strength.

Outcome: Foster children will have fewer placement disruptions and stronger family bonds with frequent and quality visitation.

Benchmarks:

1. DFS and Court Improvement Program to continue collaboration to sponsor visitation host programming. Consider program expansion as performance data is evaluated.

Timeframe: 2020 and ongoing.

Measure: Documentation of collaboration and program performance and action taken.

Progress Report: DFS and CIP collaborated on an initiative known as visitation hosts. In April 2019 members of the visitation workgroup visited the Center for Representation in New York to learn about their program. Two Delaware provider agencies agreed to pilot visitation hosts in Delaware. Finding families to pilot the program was challenging, however, each agency was able to identify a visitation host with at least one family. That host was the foster parent who developed a good relationship with the birth family. Although, the birth family consented to adoption the relationship with the adoptive parents is positive. In another family the worker was able to work with the family to identify relatives who were willing to host visits. The two children lived in separate foster homes. The visitation host increased sibling and parent/child visits. The family was eventually reunified and their DFS case closed. The added family support was critical in this process.

On October 10, 2019, CIP and DFS shared the Values of Visitation Presentation with DFS staff, Family Court, attorneys, CASAs, and community providers. The presentation discussed the importance of visitation and introduced visitation hosts. Plans are to continue presentations throughout DFS and community partners. These OSRI items measure activities impacted by visitation hosts.

	2018	2019
Item 8: Visiting with parents and siblings in foster care.	91%	88%
Item 11: Relationship of child in care to parents	95%	91%

2. Treatment Program Manager and leadership team to monitor monthly caseworker visits and intact family contacts for meeting federal and policy standards. Leadership team to implement interventions to improve frequency and quality as needed. Foster care contact standard is 95%. Team to include OSRI scores for Item 14: Caseworker contacts with child in monitoring, evaluating and implementing interventions.

Timeframe: 2020 and ongoing.

Measure: Documentation of leadership review and interventions to improve frequency and quality of contacts.

Progress Report: OSRI measures for the period October 2019 to March 2020 are: Item 14: Caseworker visits with child is a strength in 75% of cases reviewed; and Item 15: Caseworker visits with parents is a strength in 72% of cases reviewed.

Caseworker visits are recorded in FOCUS two ways:

- Family Contact: Face to face contact between the caseworker and any person in the household (caregiver, parent or child).
- Client Contact: Face to face contact between the caseworker or private agency worker and the child in foster care. This contact also indicates whether to contact was made in the foster home.

The contact policy was updated April 2019 to provide supervisors and caseworkers with more guidance around face to face contact and engagement with families. The frequency and quality of face to face contacts between caseworkers and children/caregivers support safety, permanency, and well-being of children and promote achievement of case goals. Guidance was provided to supervisors in assigning initial treatment and ongoing contacts to base frequency on current risk and safety. Policy updates were discussed with supervisors in investigation and treatment workgroups and with the leadership team.

Two reports help monitor frequency of contacts:

- Family Contact: Family contact reports are run weekly and distributed to regional administrators who distribute to supervisors.

Through case reviews it was determined that the Division struggles in working with intact families. A CQI workgroup formed in February 2020 to identify barriers and solutions to engaging intact families. Plans for the workgroup are to look at several data reports and survey staff to make recommendations to increase contact frequency and quality.

- Client Contact: Client (foster child) contact reports are run monthly and distributed to the regional administrators. This allows caseworkers the opportunity to review their client contact log and enter client contact that was made but not recorded. It allows DFS to closely monitor whether or not contacts are being made within state and federal policy guidelines and take corrective action. Due to workload issues there are times when contacts are made, but not recorded.

Recent performance for client contacts follows:

Client Contacts to Date FFY2020

Measure 1 - % of visits made on a monthly basis by caseworkers to children in FC	
	STATEWIDE
# of children in FC	657
# of visits made to children in FC if visited once per month	3065
# of visits made to children in FC	2469
% of visits made to children in FC on a monthly basis (Fed standard >=95%)	80.55%

Measure 2 - % of visits that occurred in the residence of the child	
	STATEWIDE
# of visits that occurred in the residence of the child	1840
% of visits that occurred in the residence of the child (Fed standard >=50%)	74.52%

Client Contact FFY2019

Measure 1 - % of visits made on a monthly basis by caseworkers to children in FC	
	STATEWIDE
# of children in FC	899
# of visits made to children in FC if visited once per month	6805
# of visits made to children in FC	6242
% of visits made to children in FC on a monthly basis (Fed standard >=95%)	91.73%

Measure 2 - % of visits that occurred in the residence of the child	
	STATEWIDE
# of visits that occurred in the residence of the child	4992
% of visits that occurred in the residence of the child (Fed standard >=50%)	79.97%

Objective: Ensure timely permanency and reduce reliance on APPLA for older youth through evidence based interventions including Permanency Roundtables (PRT). Engage caseworkers, staff and youth in these approaches.

Rationale: Implement a systematic and methodical set of steps to identify what is needed for each child to achieve permanency by engaging all members of the planning team in order to reevaluate past connections as well as future connections and what commitments, if any, they are able to make to that child. All children exiting the child welfare system are able to achieve permanency through meaningful lifelong connections.

Outcome: Permanency Roundtables increase opportunities for the planning team to engage youth and ensure permanency goals are being met and they exit care with meaningful lifelong connections.

Benchmarks:

1. The Adoption Program Manager and CIP Coordinator will coordinate ‘Unpacking the No Training’ provided to DFS leadership, frontline staff, private agency partners and legal partners. A collaborative project sponsored by Casey Family Services, this training explores the barriers caseworkers and others on a child’s planning team experience permanency when planning for and engaging youth during permanency round tables. The training will offer expanded knowledge and strategies on how to work past those barriers in order to have the best chance of achieving permanency.

Timeframe: September 2019.

Measure: DLC documentation of training attendance.

Progress Report: The CIP Coordinator, Adoption Program Manager and Casey Family Programs coordinated the "Unpacking the No" training with partners. This training took place on June 4, 2019 and June 6, 2019. A total of 37 professionals attended the training including caseworkers, supervisors, attorneys and administrators. This training defined permanency and clarified how values and trauma affect permanency. The learning objectives included: Describing strategies for engaging youth; understanding the impact trauma has on children, families, workers and systems; and addressing resistance and common obstacles working with youth and adults. Participants learned to apply tools,

techniques and resources to locate permanent connections for youth. This benchmark is complete.

2. The Adoption Program Manager and CIP Coordinator will coordinate Permanency Roundtables Facilitator Training to permanency supervisors, senior caseworkers as well as private agency caseworkers and supervisors. This training is supported by Casey Family Services.

Timeframe: December 2019.

Measure: DLC documentation of training attendance.

Progress Report: The CIP Coordinator and the Adoption Program Manager coordinated the Permanency Roundtables Facilitator Training with Casey Family Program Partners. This training took place August 1-2, 2019. A total of 12 permanency supervisors, senior caseworkers, private agency supervisors and caseworkers attended. This training defined permanency and clarified how values and trauma affect permanency. The learning objectives included the six steps of a Permanency Roundtable (Welcome and Overview, Present the Case, Clarify and Explore, Brainstorm, Create Permanency Action Plan and Debrief Roundtable). Additional objectives included the Permanency Roundtable Follow Up Process. Attendees are prepared to facilitate Permanency Roundtables for DFS. This benchmark is complete.

3. DFS staff to implement Permanency Roundtables statewide targeting cases prior to consideration of APPLA plan choices to exhaust all options for permanency and meaningful connections.

Timeframe: March 2020

Measure: Documentation of roundtable frequency and outcomes using system and case review data.

Progress Report: This activity is ongoing. The CIP Coordinator, A Better Chance for Our Children Executive Director, Adoption Program Manager and a permanency supervisor attended the federal Adoption Call to Action in August 2019. The team drafted an action plan that included implementing Permanency Roundtables as a tool to make connections for youth in Delaware. Permanency Roundtables were implemented statewide August 2019 and take place monthly. Research shows healthy relationships promote healing from trauma for youth. A case is referred for a Permanency Roundtable when a youth says no to permanency and/or the team feels that they have exhausted all resources. The PRT process utilizes urgency, teaming, outcomes and optimism values to develop a Permanency Action Plan. Currently PRT referrals are completed later in a case when there is urgency to make connections for a youth who may be aging out of foster care. The planned goal is for PRTs to be completed earlier in a youth's case so the intervention can be ongoing. The CIP Coordinator and Adoption Program Manager are developing a Permanency Roundtable presentation to provide to statewide staff.

More time is needed to complete this benchmark. To continue progress of Adoption Call to Action planning, an additional benchmark is added to the 2022 CFSP: The Adoption Program Manager to collaborate with Call to Adoption partners to engage teens in recruitment activities and continue permanency training by Darla Henry. Timeframe: 2021 and ongoing. Measure: Documentation of completion of events and teen permanency data measures.

Objective: Prevent post-adoption disruptions.

Rationale: Delaware has a growing number of post-adoption disruptions resulting in foster care reentries. Five percent of children in foster care during April 2018–March 2019 were adoption disruptions. Several children are in intensive residential care facilities. The CQI Steering Committee established a CQI Post Adoption Prevention Workgroup. The team is gathering and analyzing data on the number of previously adopted children that are currently involved with not only DFS but other sister agencies. This team will recommend actions to strengthen services to prevent adoption disruptions. An early theory of change is to communicate available service at various points to adoptive families. The Adoption Program Manager is contracting for an adoption navigator to intervene with adoptive parents seeking assistance, information and help navigating community-based services. The navigator will also intervene with subsidy and Medicaid issues.

Outcome: Fewer adopted children will reenter foster care.

Benchmarks:

1. The Quality Assurance Manager continues to lead the post adoption prevention workgroup, gathering data and stakeholder input. Team will recommend interventions to leadership team and establish baseline measures.

Timeframe: 2020 and ongoing until team is discharged.

Measure: Documentation of findings, recommended interventions and baseline measures.

Progress Report: The CQI Post Adoption Prevention Committee continues to meet monthly. Members of this committee include Family Services program managers, adoption subsidy worker, data analysts, and stakeholder representation from Department CQI Team, Department's Office of Case Management and A Better Chance For Our Children Executive Director, a post-adopt services contract provider. Delaware plans to add an adoptive parent to this committee. Most recent AFCARS report (October 2019 to March 2020) shows that 5% of children were adopted. AFCARS report for April 2019 to Sept 2019 shows that 6% of children were adopted. Team found that post adoption disruptions make up at least 33% of our high cost placements. In 2019, over 400 hotline reports involved adopted children. Committee is continuing to gather data and is developing a qualitative survey for adoptive parents including those where a disruption has occurred. Team found that a contributing factor to adoption disruption is the lack of communication in regards to post adoption services. Committee determined that

Department front line workers across divisions need to be better informed of post adoption services so that they can better communicate the availability of these services to adoptive families. Currently, parents are provided information on post adoption services at time of adoption and at yearly renewal of agreement. Hotline staff and DPBHS intake staff also provide information to self-calling adoptive parents. Training/information sessions regarding post adoption services were scheduled for DFS hotline staff, contracted FAIR (differential response) agencies, school based family crisis therapists, and all DFS supervisors and management, but had to be postponed due to pandemic. These will be rescheduled. Once trained, expectation will be that a referral to a contracted post adoption agency will be made for all adoptive families actively working with all DFS program areas (investigation, FAIR, and treatment). Committee also determined that the DSCYF websites did not have information on post adoption services. This information was added and there will be a hyperlink to the service website. By spreading awareness of the post adoption services in the state, families will seek interventions prior to disruptions.

Committee also found another contributing factor is the need to strengthen the workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. Committee confirmed the Department's trauma informed training includes the needs of pre and post adopted children. Child attachment and trauma training is offered on a quarterly basis to all Department staff. This training is given by a committee member, the Executive Director of A Better Chance For Our Children. Committee will collaborate with the Department's Center for Professional Development and the Center for Adoption Support and Education through the National Adoption Competency Mental Health Training Initiative to add a set of training modules specifically geared towards child welfare professionals to the Delaware Learning Center.

2. Adoption Program Manager to execute a contract for an adoption navigator to support adoptive parents needing information and referrals to community-based services to grow healthy family relations and prevent out of home disruptions.

Timeframe: October 2019.

Measure: Documentation of an executed and active contract for an adoption navigator.

Progress Report: A contract for an adoption navigator was executed on October 28, 2019 and is active through September 30, 2020 with the option to renew. The adoption navigator began work on November 1, 2019. The navigator provides a variety of supports and assistance to families who are transitioning children out of foster care through adoption or permanent guardianship. Assistance includes but is not limited to requesting new birth certificates, new social security cards, Medicaid support, clarifying payment issues, answering questions about the psychological subsidy as well as the routine assessments and determinations of subsidy and assistance amounts. The navigator also supports families facing permanency disruption by connection to available resources and providing direct assistance. This benchmark is complete.

Objective: Children placed in Delaware via the Interstate Compact on the Placement of Children achieve timely permanency.

Rationale: Children placed in Delaware via the Interstate Compact deserve timely permanency planning. These children's length of stay until exit from foster care is not tracked by Delaware as they are under the jurisdiction of sending states.

Outcome: Timely permanency for foster children placed through the Interstate Compact on the Placement of Children.

Benchmarks:

1. Interstate Unit to establish baselines for length of time children are placed with a Delaware resource by state and county as applicable.

Timeframe: March 2020.

Measure: Documentation of baselines.

Progress Report: For CY2019, 36 cases (adoption, guardianship and legal custody to parent) achieved permanency and were closed. For CY2020, 13 cases achieved permanency and closed. One child was in placement more than 9 months.

Case Type/Plan	Total for 2019	>9 months	Totals for 2020	>9 months
Adoption	20	0	10	1
Legal custody to relative	15	0	1	0
Legal custody to parent	5	0	2	0
Emancipation	1	0	0	0

2. After 9 months of being placed in a Delaware foster home, the interstate team and community-based contractor evaluate the placement progress, barriers and next step towards permanency.

Timeframe: 2020 and ongoing.

Measure: Documentation of case reviews and actions taken to facilitate permanency.

Progress Report: Limited progress has been made due to factors out of the interstate team's control. The interstate team continues to collaborate with its agency and interstate compact partners and operate in the best interest and well-being of youth in care. Continuous monitoring of caseload and any items of concern, as well as maintaining an effective line of communication between all parties involved, is established amongst the team and its partners. Protocols are in place to track length of stay, monthly progress reporting, communications with sending states and next steps to

achieve permanency. Barriers include jurisdictional challenges, change of plan by caregiver, and delayed documentation needed to achieve permanency.

Well-Being

Goal: Families have the capacity to meet their own needs.

Rationale: Families are experts on their family. With support, families can be encouraged to develop their own goals and action steps. When families are empowered to make decisions they are more likely to participate in planning and services. Safety Organized Practice is DFS' practice model. The model relies on strength based assessment and planning using family engagement strategies. Delaware exceeds the national standard for recurrence of maltreatment per the CFSR Round 3 data profile for FY2016-2017. OSRI results for April-September 2018 score 78.89% as strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% for Item 13: Child and family involvement in case planning. Item 12A: Needs assessment and services to children finds 88.89% of cases rated strength; and 87.32% rated strength for 12B: Needs assessment and services to parents. Stakeholders agree caseworkers encourage parents and children to participate in case planning, and caseworkers have meaningful contact with parents to ensure safety and to achieve goals. Stakeholder also say family team meetings should be practiced more frequently, and that parents don't feel supported when caseworkers focus on negative behaviors and history.

Measure: Onsite Review Instrument case review performance is the primary measure for this goal: Item 12: needs and services of child, parents, and foster parents, Item 13: Child and family involvement in case planning, Item 14: Caseworker visits with child, and Item 15: Caseworker visits with parents. Performance goal for each of these items is 90% (revised from 95%) rated as strength. A companion measure is the rate of recurrence of maltreatment; performance goal is to meet national standard set at 9.5% per CFSR Round 3 data profile.

Performance: For Well-Being Outcome 1 (Items 12, 13, 14 and 15 of OSRI), Delaware's baseline performance from CFSR Round III in 2015 was 70%, national performance was 37%. Delaware scored a 72% strength rating for Period 1 (April–Sept 2018) case reviews, a 64% for Period 2 (Oct 2018–March 2019) and a 68% for Period 4 (Oct 2019–March 2020). For Item 12: Needs and services of child, parents, and foster parents, Delaware had a 73% strength rating on all completed case reviews from April 2018 to March 2020 (N = 324) and a 70% strength rating on most recently completed reviews for Oct 2019 to March 2020 (N = 90). For Item 13: Child and family involvement in case planning, Delaware had a 75% strength rating on all completed case reviews and a 68% strength rating on most recently completed reviews. For Item 14: Caseworker visits with child, Delaware had an 76% strength rating on all completed case reviews and a 76% strength rating on most recently completed reviews. For Item 15: Caseworker visits with parent, Delaware had a 71% strength rating on all completed case reviews and a 65% strength rating on most recently completed reviews. Delaware did not meet the established 90% goal on any item. Delaware scores better than national performance on reoccurrence of maltreatment since the onset of CFSR Round 3 measures. Per the February 2020 CFSR 3 Data Profile, Delaware scores a 5.4% on reoccurrence of maltreatment, exceeding the national standard of 9.5%.

Objective: Strong family engagement in assessment, planning, and services through family contacts, safety organized practice, and implementation of family team meetings. Family engagement strategies produce effective family interventions. Practice Safety Organized Practice with fidelity.

Rationale: Families and youth are experts on their family and situation. Partnering with families and youth will help individualize services and provide the right services for the family. When families are partners and have a role in developing planning they are more likely to engage and participate in services and case planning activities. OSRI ratings for Item 13: Child and family involvement in case planning, Item 12A: Needs assessment and services to children and 12B: Needs assessment and services to parents are below the performance goal of 95% of cases rated strength. Stakeholders say family teaming is gaining momentum and there are strong efforts to locate relatives and others to prevent entry into foster care.

Outcome: Safety and well-being outcomes improve when parents and youth are active in assessment, planning and service delivery activities.

Benchmarks:

1. To strengthen the family engagement workgroup, co-leaders will recruit frontline staff and supervisors for all regions to join. The workgroup is charged with evaluating and implementing interventions to strengthen the application of Safety Organized Practice principles, strategies and tools.

Timeframe: December 2019.

Measure: Documented workgroup minutes with attendees.

Progress Report: Technical assistance and training for case readings is being negotiated with the Children's Research Center. This group struggles to get frontline and regional staff participation. The timeframe is revised to allow for case readings to begin and for this workgroup to re-form and review findings.

The following are the OSRI ratings associated with this benchmark:

	2018	2019
Item 12 A: Needs assessment and services to children	86%	77%
Item 12 B: Needs assessment and services to parents	87%	78%
Item 13: Child and family involvement in case planning	84%	71%

While there is a decrease in these ratings from 2018–2019, it is expected to improve with the rollout of Family Team Meeting and Collaborative Planning Training. Future training about case planning with families is planned. Barriers continue to be high workload and staff turnover. This benchmark's timeframe is revised to September 2021.

2. Family engagement workgroup to develop a Safety Organized Practice Toolkit for staff demonstrating the different tools used to engage families and children in assessment, planning and service activities. Workgroup to collaborate with CPD to incorporate Toolkit in new worker training.

Timeframe: October 2020.

Measure: Distribution of the SOP Toolkit to staff and CPD.

Progress Report: The SOP Toolkit will be rolled out in the future; the family engagement workgroup has to reorganize and enlist new members. Currently tools can be found on the DFS shared drive for staff to locate various engagement tools. The location of the tools is under review. CPD will incorporate the SOP Toolkit into DFS New Employee Training (NET) when it is complete. This benchmark's timeframe is revised to December 2021.

3. Use a continuous quality improvement framework to monitor and improve Safety Organized Practice fidelity by reviewing DFS data, quality assurance case review reports and stakeholder input with regional managers, supervisors and caseworkers. Develop a tool to be used by reviewers to assist in identification of Safety Organized Practice. Identify areas needing improvement and implement corrective actions.

Timeframe: December 2020 and ongoing.

Measure: Documentation of evaluating, recommending interventions and impact on child and family outcomes.

Progress Report: During CY2019, DFS's Fidelity Team continued to develop a plan for monitoring and improving SOP fidelity. While there are currently no data reports that would reflect the use of SOP tools and techniques, thought has been given to developing a case review tool, which would assist in gathering this type of qualitative data. To that end, the Fidelity Team has been working with the NCCD/CRC to develop a training on their case review tool, and it is anticipated that a contracted agreement to provide this training will be reached by June 2020. The training will be provided to DFS's new practice coaches, the quality assurance case review team, regional administrators and supervisors. Eventually, the expectation will be for supervisors to apply the tool to one case per month for each of their workers. Stakeholder input is on hold with the current state of emergency. This benchmark's timeframe is revised to December 2021.

Goal: Foster youth are equipped to meet their own needs.

Rationale: Responsible and self-sufficient young adults are those youths equipped to meet their own needs using natural supports and community resources. The agency's goal is to prepare foster youth for adulthood utilizing assessment tools focusing on five basic objectives: education, employment, housing, well-being and money management. Fifty-nine percent of youth 18-21 years

old during January-April 2019 reported having received either a high school diploma, GED or vocation certificate; and 46% reported being enrolled and attending an education program. Graduating with a diploma or certificate is the first step to obtaining a job and self-sufficiency. During the first quarter of CY2019, 88% of youth 18-21 reported having received employment related skills with 51% either working full time or part time jobs. Data gathered from January-April 2019 reports 86% of youth ages 18-21 were living in either a college dorm, with a relative or non-relative, had their own housing, lived in supportive permanent or transitional housing, or were in the military. More specifically, 32% of this population reported living on their own. Youth living on their own, in supportive housing or dorms represent over three-quarters of the independent living participants have developed the tools to obtain safe housing. Life skill training and experiences are provided by foster caregivers, and through individual and group interventions by contracted independent living caseworkers statewide. During July 2018 through March 2019 all youth reported having a connection to supportive adult. Stakeholder surveys have higher rates of disagreement that caseworkers assist youth with establishing adult support networks. Stakeholder comments from this past year noted that youth could be more prepared for self-sufficiency and independence. Stakeholders want higher high school graduation rates for foster youth. Foster youth say they face barriers obtaining driver's licenses and insurance. See Section II, Assessment of Current Performance in Improving Outcomes for case planning, contact and service array as they contribute to preparing youth for adulthood. Delaware makes a strategic choice based on data, stakeholder input and performance measures, to improve outcomes for foster youth and young adults in the independent living program. Strong interventions at this age promote healthy childhoods for the next generation.

Measure: Primary measures for this goal are rates of high school graduation, rates of employment, rate of safe housing, rate of youth reporting connections to supportive adults. Outcome surveys on youth receiving independent living services, using National Youth in Transition Database elements, is the source data. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 95% of youth are connected to a supportive adult. Companion measure will be number of youth reporting post-secondary education enrollment with a goal of 35%.

Performance: The October-December 2019 report of NYTD outcomes shows that of 91 youth over 18 years of age, 61% had received their high school diploma, GED or vocational certificate. Out of this same sample, 22% reported being employed full-time, and 38% reported being employed part-time. 17% of these youth reported being enrolled in a post-secondary education program. 93% of this population reported being connected to a supportive adult.

Objective: To achieve higher rates of high school graduation, promote and support the UGrad program with Kind to Kids. Share information about the program with DFS staff, along with contracted independent living providers in an effort to connect youth to resources.

Rationale: Youth in foster care experience trauma. While coping with these traumas, and healing, youth sometimes need extra supports to help them succeed in school. Youth may not know of the UGrad program, therefore sharing program descriptions and protocols with caseworkers that support the youth, will in turn connect the youth with the resources they need.

Outcome: With the support of the UGrad program, youth will more likely graduate high school.

Benchmarks:

1. Independent living team will partner with Kind to Kids Foundation to distribute UGrad brochures and contact information to relevant staff.

Timeframe: Ongoing through 2024

Measure: Documentation of promotional events for UGrad programming and count of number served.

Progress Report: The Independent Living Program Manager met with the President of Kind to Kids Foundation, Caroline Jones, in July of 2019 to discuss the Ugrad program and their involvement at YAC events. Kind to Kids Foundation actively participates in YAC monthly meetings, providing support to the youth through donations and connecting with youth as mentors. In August 2019, Kind to Kids Foundation distributed Ugrad information at the YAC conference at their vendor table and promoted the Ugrad program to foster teens and youth. The Independent Living Program Manager and Caroline Jones remain in routine contact about services, referrals and how the program is developing. The Independent Living Program Manager distributed information to contracted independent living providers in October of 2019. Also in October, Caroline Jones conducted a training on the Ugrad program at the All Management Meeting for DFS staff. In February 2020, the Independent Living Program Manager and Caroline Jones met to review the Ugrad program in detail. The program is expanding to support youth in each county, and the program plans to hire new staff. The program developed an electronic tracking system, along with case files for each youth they support. In the spring of 2020, the Ugrad program was active with 39 youth statewide.

Objective: Increase opportunities for safe and affordable housing on campus at post-secondary education institutions by replicating the current program at Delaware State University by expanding to other schools in different counties.

Rationale: Delaware wants to increase the number of young adults enrolled in post-secondary education. The partnership with Delaware State Housing Authority allows youth to receive state funded rental subsidy vouchers to cover the dormitory housing costs, which in turn, eliminates the costs of housing for youth. Eliminating housing costs provides opportunities for youth to afford housing while attending post-secondary education.

Outcome: More youth will enroll in post-secondary education programs and have safe housing.

Benchmarks:

1. The Independent Living Program Manager will develop a partnership with a New Castle County post-secondary education institution to expand the partnership with Delaware State Housing Authority to provide opportunities for free on-campus housing for eligible youth.

Timeframe: June 2020

Measure: Issuance of a signed Memorandum of Understanding documenting partnership with a post-secondary educational institution in New Castle County.

Progress Report: At the 2019 annual Kind to Kids Foundation's Rising Star Award Ceremony, the YAC President and Vice President were awarded the Rising Star Award and spoke at the event. Both youth shared the burden of wanting to attend college but not knowing how to pay for school. The President pointed out that she was fortunate to have such a strong support system around her, though a 'typical' youth's supports during these critical years of becoming an adult are their parents. The YAC Vice President shared his experience speaking about the traumatizing effects of being in foster care. Both youth support and advocate for cheaper avenues to attend post-secondary education, and appreciated using State Rental Assistance Vouchers (SRAP) for dorms at Delaware State University. During monthly YAC meetings, youth continue to share their barriers with attending post-secondary education programs due to high costs and opportunities for housing. At the annual YAC conference in August of 2019, the YAC President joined a panel on housing to share her experience of using SRAP vouchers to live on campus at Delaware State University. In the fall of 2019, the Cabinet Secretary began work to develop a proposal for youth that age out of foster care to have free tuition at in-state public educational institutions. Rates of youth graduating and then attending post-secondary programs were reviewed. At the Kids Caucus in January 2020, the policy advisor for the Cabinet Secretary along with the Independent Living Program Manager and the director of a contracted independent living services agency outlined the impact free tuition at post-secondary education institutes would have for youth aging out of foster care. A local news agency covered the proposal, and interviewed the YAC President to gain her perspective of in-state colleges waiving the tuition costs for youth who have aged out of foster care. In February of 2020, the Independent Living Program Manager met with representatives from the Delaware State Housing Authority (DSHA) to discuss the utilization rates of the SRAP and Family Unification Program (FUP) vouchers. DSHA and DFS continue to collaborate to identify how foster youth could use vouchers to live on campus when attending colleges in Delaware. During the month of March in 2020, DSCYF proposed to DSHA that they be a third partner in the MOU with Delaware State University which they were agreeable with doing. Work will continue throughout the coming year to provide opportunities for free and reduced post-secondary education for youth aging out of foster care. The timeframe for this Benchmark is adjusted to June 2021.

Objective: Increase the percentage of youth who have part-time employment and full-time employment.

Rationale: Job readiness training and employment counseling prepare youth for entering the workforce. DFS partners with Jobs for Delaware Graduates (JDG) to provide employment training and counseling. Job shadow experiences allow youth to get firsthand knowledge of job responsibilities and what certain careers entail. Providing opportunities for youth to engage with employers also allows youth to learn what qualifications and expectations potential employers are looking for. These experiences will help youth with career choices. Delaware seeks to improve employment rates for youth receiving independent living services.

Outcome: Rates of youth receiving independent living services and reporting employment will rise.

Benchmarks:

1. The Independent Living Program Manager will continue partnership with Jobs for Delaware Graduates to provide employment support services.

Timeframe: 2020 and ongoing.

Measure: Documentation of JDG services rendered and number served.

Progress Report: The Independent Living Program Manager met with JDG staff to review and update tracking forms in July 2019. The monthly tracking documents are updated to include details of services rendered. JDG staff regularly attend the monthly YAC meetings. They provide support for youth during the meetings, build relationships with youth and market their services to other youth. The Independent Living Program Manager and JDG recognize a need for an updated brochure outlining their services. JDG staff are active participants in supporting youth advocacy in the community. JDG has assisted the YAC officers with developing a mentoring program, coming up with ways the community could support this potential mentorship program. In addition, JDG nominated YAC for the Multiplying Good Lead360 award. This award recognizes groups for acts of community service. YAC will be awarded the recognition by the mayor of Dover. The cumulative FY2020 third quarter report indicates 59 active youth with JDG. For unemployed youth and those employed less than 90 days, the third quarter cumulative number of contacts is 313. As of March 2020, there are 23 youth that JDG is working to help find employment, 5 youth that have been employed for less than 90 days and 7 youth that have been employed for over 90 days.

2. The Independent Living Program Manager will lead efforts to develop a year-round job shadowing program drafting a proposal for leadership team approval, forming partnerships and procedures for both youth and employers based on collaborative direction.

Timeframe: March 2020

Measure: Documentation of proposal, leadership's response, partnerships and procedures.

Progress Report: The Independent Living Program Manager met with leadership in December of 2019 to identify the goals for a year-round job shadowing program. This benchmark has several components that need to be documented and sequenced. A shadowing program proposal is pending. This benchmark is revised to: The Independent Living Program Manager will lead efforts to develop a year-round job shadowing program. This will include drafting a proposal for the leadership team approval, forming partnerships with community agencies, and developing procedures for both youth and employers based on collaborative workgroup direction. The timeframe is revised to March 2024.

3. The independent living team will train independent living contracted providers, employers and caseworkers on the approved job shadowing program protocol. In addition, the independent living team will develop promotional materials targeting youth.

Timeframe: September 2020

Measure: Documented training of independent living providers, employers and staff using the Delaware Learning Center attendance log where applicable.

Progress Report: This benchmark is pending completion of benchmark 2. The Youth Advisory Council created an Instagram account in November 2019. This platform will be used to promote the job shadowing program to youth involved with independent living services. Also during the fall of 2019, the Independent Living Program Manager joined with the Department's training unit to begin creating an online training overview on independent living services geared towards agency and contracted workers. This benchmark is revised to: The independent living team will train independent living contracted providers, employers and caseworkers on the approved job shadowing program protocol. In addition, the independent living team will develop promotional materials targeting youth. The timeframe is revised to September 2024.

Objective: Foster youth to obtain driver's licenses and insurance coverage.

Rationale: Youth that are able to provide their own transportation have more opportunities for employment, education, healthy connections to others and normal youth activities.

Outcome: Youth will be able to meet their own needs if they are able to provide their own transportation. (This outcome is revised for 2021: Obtaining a driver's license and car insurance promotes self-sufficiency. Increase in positive outcomes for foster youth and young adult's youth will be achieved when barriers for attaining a driver's license are removed for foster youth.)

Benchmarks:

1. The Independent Living Program Manager will research national models, organize partners to sponsor legislation and funding to remove barriers to foster youth obtaining driver licenses and car insurance coverage.

Timeframe: June 2024.

Measure: Documentation of efforts to secure legislative and private support for foster youth to obtain driver licenses and car insurance coverage.

Progress Report: During monthly Youth Advisory Council (YAC) meetings, the Independent Living Program Manager encourages and supports YAC leaders to share their experiences regarding obtaining a driver's license. In the spring of 2020, the Independent Living Program Manager updated the DFS policy on youth obtaining a driver's license, removing barriers from the process. In addition, contracted independent living programs now provide youth with a financial incentive for obtaining their learners permit. The barrier that Delaware foster youth continue to encounter is obtaining car insurance. The outcome for this benchmark is pending.

Goal: Foster children taking psychotropic medication also receive mental health counseling.

Rationale: The health and well-being of foster children is a top priority of Delaware's child welfare system. Delaware has developed an oversight and monitoring system for all children as they enter foster care as part of a larger nationwide effort. This effort has a goal to reduce overreliance on psychotropic medications for managing challenging behaviors in youth in foster care. All children who enter foster care are screened by the Office of Evidence-Based Practice's (OEBP) screening team to evaluate their mental health needs. A foster child's medical history, including psychotropic medication history, is reviewed by the pharmacy consultant. OSRI case reviews for April-September 2018 find 100% rated strength for Item 18: Mental/Behavioral health of the child. It is well-established best practice that children who are taking psychotropic medications also be involved in mental health counseling unless otherwise clinically indicated. For CY2018 26% or 294 foster children were prescribed psychotropic medications. Another measure is the number of foster children taking antipsychotics and not in mental health treatment. In CY2018, 5% or 53 foster children were prescribed antipsychotic medications without counseling. Stakeholders express concern for children receiving psychotropic medication without counseling.

Measure: The primary measure for this goal is the percentage of foster care youth taking psychotropic medications and antipsychotics and not in counseling. This is obtained through Medicaid utilization data and internal data in our FOCUS system. The goal for this measure is to lower the percentages from the CY2018 baselines: 26% of foster children take psychotropic medication without counseling (N = 294), and 5% of all foster children take antipsychotic medication without counseling (N = 1,108).

Performance: During CY2019, data shows an increase in both areas: psychotropic medication without counseling rose 1% from CY2018, and antipsychotic medication without counseling remains steady at 5%. This increase may be due to the high turnover and high variability of what

medications a patient has been on before being enrolled and entering DSCYF care. The patients enrolled in 2018 are not all the same patients enrolled in 2019 or 2020.

Objective: Coordinate appropriate mental health counseling for foster children taking psychotropic medications.

Rationale: Connecting foster care youth to mental health counseling services at the time of entry into foster care should increase the percentage of youth on psychotropic medications and in mental health counseling. By working with providers, workers and foster parents, OEBP staff can assist in getting foster care youth the mental health services they need. If the youth has been successfully discharged from mental health counseling and is maintained with psychotropic medications alone, the clinical justification for this can be explained and documented. Stakeholders express concern for children receiving psychotropic medication without counseling.

Outcome: The percentage of youth in care receiving psychotropic medications and mental health services will increase; children will be engaged in best mental health treatment practices.

Benchmarks:

1. Children entering foster care who are on psychotropic medications but not receiving mental health counseling will be referred by the OEBP team for mental health counseling services.

Timeframe: 2020 and ongoing.

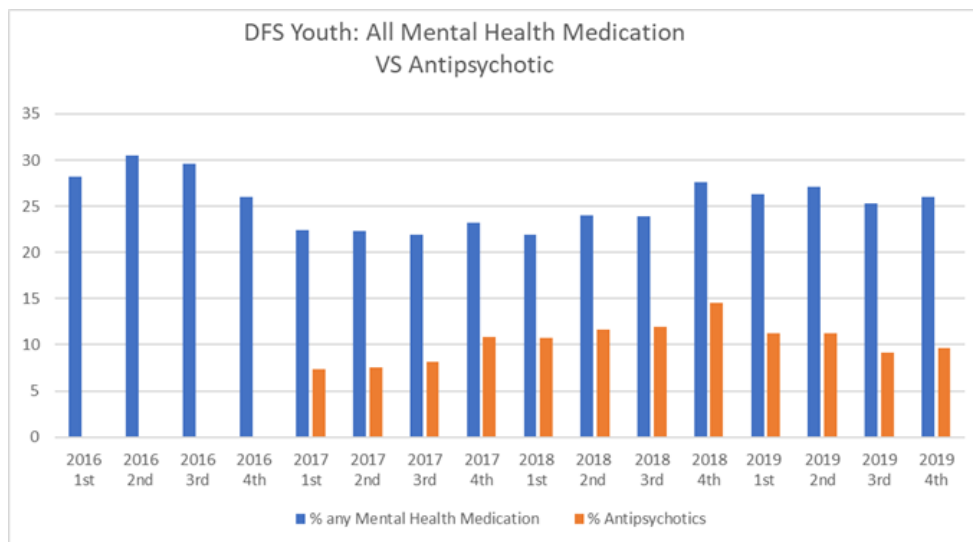
Measure: Documentation of medication review for children entering care and referrals to mental health counselling for children taking psychotropic medications and not in counseling.

Progress Report: The OEBP team moved to the Division of Prevention and Behavioral Health Services in 2019 and is renamed the Quality Improvement Team. This benchmark is revised to: Children entering foster care who are on psychotropic medications but not receiving mental health counseling will be referred for mental health counseling services by the Division of Prevention and Behavioral Health Services' Quality Improvement Team.

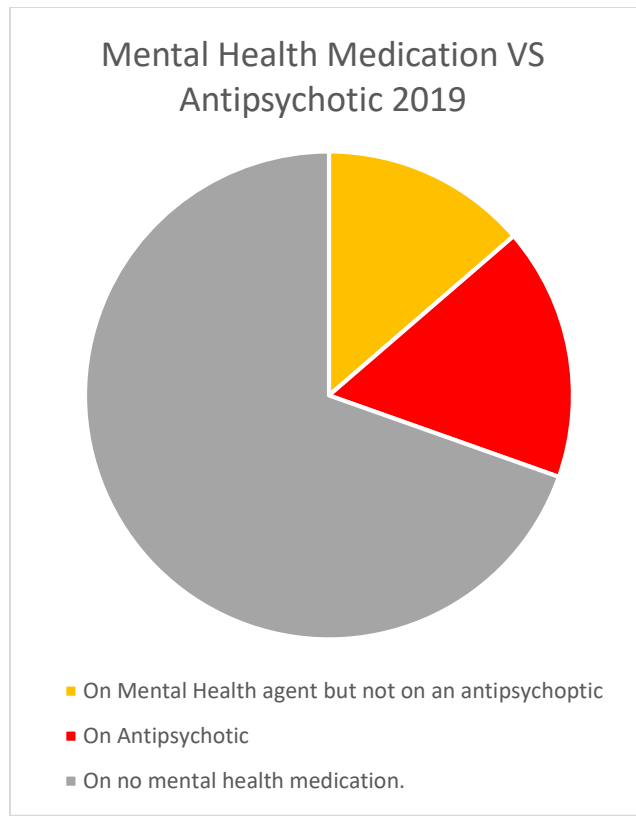
Below are the statistics of foster children’s psychotropic medication and counselling rates for CY2019:

Note: The data reported in the graphs below reflect the number of youth in care during a calendar year. It does not reflect the date the youth entered care and is based on Medicaid claims.

DFS Youth: All Mental Health Medication and Antipsychotic Medication

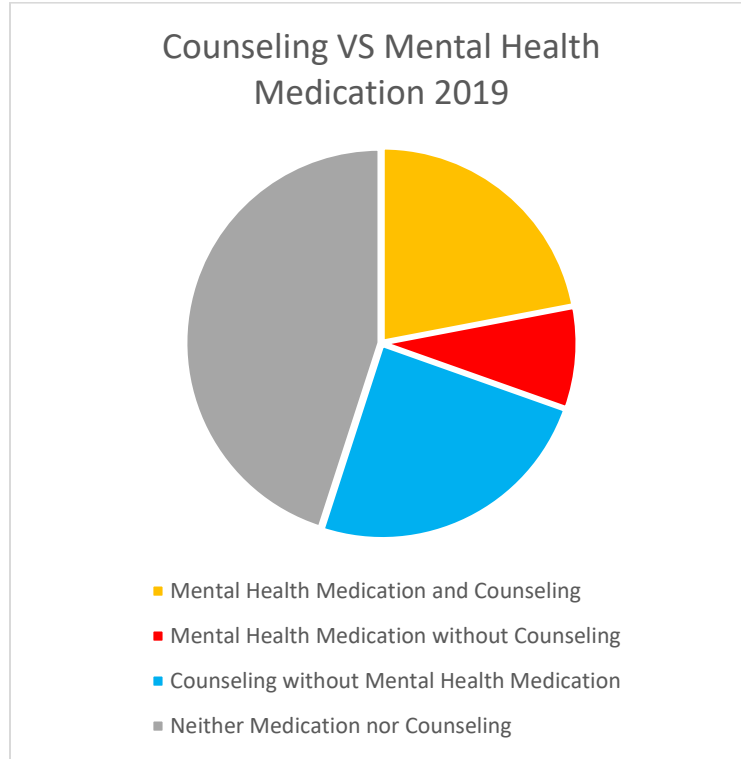


(Data was not collected for antipsychotics per quarter prior to 2017).

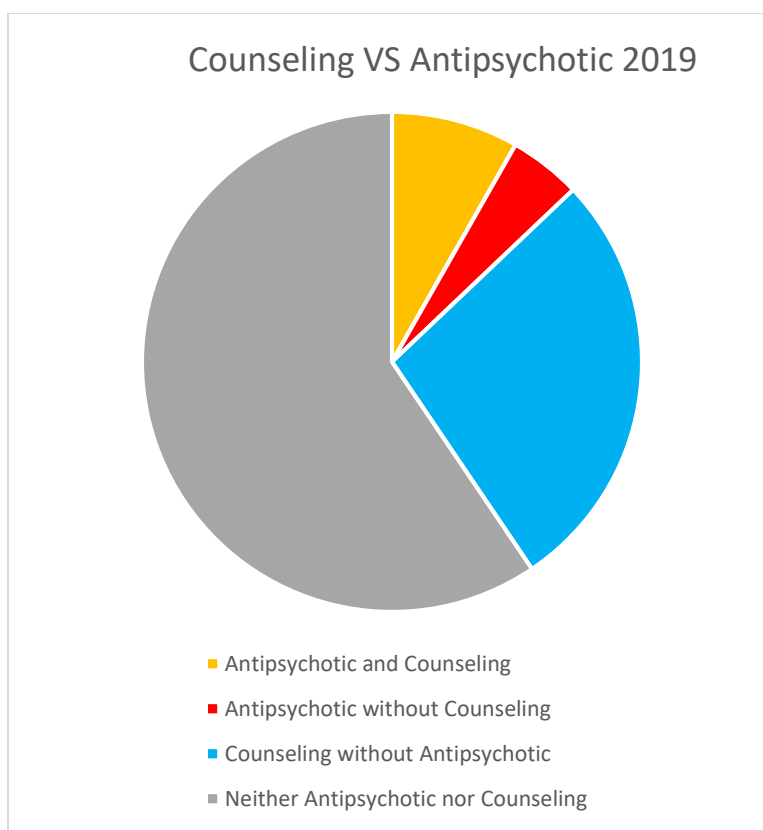


CY2019: Psychotropic Medication and Antipsychotic Medication	
	#
All DFS children	973
On mental health medication	296
On mental health agent but not on an antipsychotic	133
On antipsychotic	163
On no mental health medication.	677
Youth receiving counseling	453

Mental Health Medication and Counseling



CY2019: Psychotropic Medication and Counseling		Count
All DFS children		973
On MH medication		296
Mental health medication and counseling		214
Mental health medication without counseling		82
Counseling without mental health medication		239
Neither medication nor counseling		438
Not on psychotropic medication (with or without counseling)		677
Children receiving counseling		453



CY2019: Antipsychotic Medication and Counseling	Count
All DFS children	973
On antipsychotic	163
Antipsychotic and counseling	104
Antipsychotic without counseling	59
Counseling without antipsychotic	349
Neither antipsychotic nor counseling	751
Not on antipsychotic (with or without counseling)	810
Children receiving counseling	453

Counseling Referral Process: Children entering foster care who are on psychotropic medications but not receiving mental health counseling will be referred for mental health counseling services upon entry. This referral should occur within 30 days of entry to foster care via two paths, depending on the county in which the child is placed. For children who are placed in New Castle County, a pilot program was started in March 2020 in which a contracted provider will provide mental health screenings within one week of foster care entry. Children entering foster care in Kent and Sussex counties will be screened by the Division of Prevention and Behavioral Health Services' Quality Improvement team. During this screening, children taking psychotropic medications will be referred for counseling.

In addition to relying on the screening process to identify children taking psychotropic medications who are not in counseling, the Quality Improvement Unit also contracts with a consultant

pharmacist to review Medicaid claims history for all children entering foster care. Using this claims history, the consultant pharmacist is another avenue for identifying children taking psychotropic medications but not receiving counseling. When such a child is identified using Medicaid claims history, this information is forwarded to the contract agency or the clinical screener to make a referral for mental health counseling.

Quality Assurance System

Goal: Embed continuous quality improvement principles in decision making across all functions to improve infrastructure, workforce, services, and outcomes.

Rationale: Healthy child welfare systems need to continually evaluate processes and performance to make measured improvements in child and family outcomes. Data informed decision making sustains productive programming, ensures balanced resource allotment and supports new initiatives. DFS uses system reports for measuring performance against national standards; and case review results for measuring case level safety, permanency and well-being elements. Stakeholder input and system data reports inform systems performance. Targeted areas needing improvement are best addressed using continuous quality improvement principles and strategies to choose, implement and evaluate interventions to effect positive changes. This system was an area needing improvement in the CFSR PIP. DFS issued a CQI Plan, trained staff and adopted a uniform case review tool. Two targeted concerns were identified to improve using CQI principles. Stakeholders agree DFS has reports to access system performance.

Measure: This system's health will be measured by stakeholder agreement that they see evidence of data informed decisions and evaluation in workforce development and program interventions. Another measure is the status of targeted projects to improve processes and outcomes as noted in Annual Progress and Services Reports.

Performance: Delaware has established a formalized CQI system. As it continues to mature, Delaware expects to have more stakeholder feedback regarding outcomes. A CQI Steering Committee meets at least every two months. Team members are the DFS Program Support Manager, DFS Operations Manager, a case reviewer, data analysts, a Regional Administrator, a DFS supervisor, the Department Community Relations Coordinator, and the Department CQI leader. This group considers stakeholder feedback, case review performance results and report findings to determine agency strengths as well as targeted areas of needs. Four CQI subcommittees have been established to address targeted improvement areas. They are CQI Periodic Review Committee, CQI Post Adoption Disruption Committee, CQI Intact Family Committee, and CQI Data Quality Committee. These groups meet on a monthly basis. The CQI Periodic Review Committee disbanded in November 2019. This group produced a number of positive outcomes and feedback from DFS operations and Department of Justice stakeholders has been very positive. The CQI Post Adoption Disruption Prevention group has quantitatively defined the scope of disrupted adoptions and is in process of gathering additional qualitative data. Team has researched solutions and developed some theories of change to improve outcomes. Team has begun the implementation of interventions but delays have occurred due to pandemic. The CQI Intact Family Committee and the CQI Data Quality Committee were recently initiated and are still in the data collection phase of the CQI process. The CQI Intact Family Committee was formed after analysis of case review

performance showed a significant difference in performance on in-home cases versus foster care cases. This group's make up includes DFS treatment workers, DFS treatment supervisors, DFS Treatment Program Manager, DFS Program Support Manager, DFS CQI Manager and DFS Operations Manager. The CQI Data Quality Committee was formed after report analysis and validation tools showed key areas where data quality improvement was needed. This group includes representation from the Division of Management Support Services, Executive Product Owner and DFS Product Owner for FOCUS, CQI Steering Committee, DFS data team, Center for Professional Development, DFS FOCUS liaisons, and DFS program team. Committee drafted this problem statement: DFS is inconsistently meeting data quality standards for accuracy, timeliness, and completeness.

DFS set a goal to improve data informed practice across the agency. Trainings are being scheduled to teach supervisors how to better understand reports and use results to assess worker performance, prioritize needs, and improve practice. Data team continues to develop reports as the need arises to review key areas that program team uses to manage service provision, training needs, policy revisions, and other program needs.

CQI training continues to be mandatory for all DFS staff and is a part of new hire training. CQI Steering Committee continues to brainstorm ways to inform staff of performance outcomes. CQI Manager and Department Community Relations Coordinator collaborated to develop weekly email blasts sharing positive performance results. This email is sent out to all staff and select DSCYF employees. "See Attachment: Delaware Rocks"

The status of target projects to improve processes, performance and outcomes is noted in progress notes throughout Section IV, Progress Report.

DFS prepared a stakeholder presentation of case review findings and system data; the April event was cancelled due to the pandemic. The agency shares selected data elements with Court Improvement Program and Child Protection Accountability Commission.

Objective: DFS to target specific areas to improve using CQI principles.

Rationale: Based on system data reports, performance on national standards, case review findings, audits and stakeholder comments, target specific areas to apply a cycle of activities defining the problem, gathering data, forming a theory of change, implementing an intervention and evaluating impact. Two areas are identified for 2020-2021: Missed periodic reviews and post adoption disruptions.

Outcome: Improved processes leading to better outcomes for children and families. For 2020-2021: Holding periodic reviews within 6 month timeframes and reduced adoptive disruption rates.

Benchmarks:

1. CQI workgroup on periodic reviews to hold meetings to apply:
 - a. Defining the scope of missed periodic reviews.
 - b. Researching solutions to completing periodic reviews.

- c. Forming a theory of change to change frequency of periodic reviews.
- d. Implementing an intervention to complete 6 month periodic reviews.
- e. Evaluating impact of interventions using Adoption and Foster Care Analysis and Reporting System, Department of Justice, Court Improvement Program and DFS reports.

Timeframe: June 2020.

Measure: Documentation of application of CQI principles on this project and impact on frequency of periodic reviews within 6 months.

Progress Report: CQI Periodic Review Committee was formed as a direct result of 2019A AFCARS file initially showing over 70 blanks for Element 5, periodic reviews, causing a greater than 10% margin of error for this element. Besides the file submission barriers, a question was also raised if the lack of regularly scheduled periodic reviews would impact the permanency plan for the child. The CQI Periodic Review Committee members included representation from the DFS data team, DFS program area including frontline representation, DFS program leadership, Department of Justice, and Court Improvement Project. To research the problem, analysis was first completed on each record of AFCARS report that was missing periodic review data. This included communication with the DFS caseworker assigned to each foster child and Deputy Attorney General's office if needed. Team determined there were two causal factors to the missing periodic review information, data entry issue (order had not been entered into FOCUS system) and periodic court review did not occur.

Two causes for the missing entries were identified; workers not entering FOCUS events and delays receiving orders from Family Court. The team developed a theory of change: If frontline staff received orders timely and were kept better informed of missing orders, orders would be entered into FOCUS allowing data to be pulled into AFCARS report. To address data entry issues, interventions were strategized and implemented. The QA Manager worked with the DFS Operations Administrator to provide communication to frontline supervisors and caseworkers of the need for timely entry of court orders in FOCUS. QA Manager also discussed this issue at Strategic Leadership Team and All Management Team Meetings. A report was developed by the data team using AFCARS to list all children with a missing periodic review. This report is provided to all Regional Administration and DFS Supervisors approximately two months prior to and up until AFCARS submission. Closer to AFCARS submission individual emails are sent by the Data Manager to caseworkers requesting court orders be entered or to explain the lack of entry. FOCUS liaisons and product owner also developed trainings on court order entry. In regards to delay from the Court, Committee members presented concerns at Family Court Judges Meeting. Data Manager and Lead Deputy Attorney General in the Children's Unit now collaborate to assist in obtaining orders for hearings that have occurred. All court orders are sent to one assigned individual in each region to track reception, disseminate to assigned worker and supervisor, and better ensure entry into FOCUS.

To analyze instances where periodic reviews were not occurring, team reviewed the Social Security Act and federal requirement to have a periodic review every 6 months. At this time in Delaware, a TPR hearing is not considered a periodic review; however, at these hearings caseworkers are presenting the same updates and information on children as they do at dependency case review hearings. TPR hearings can expand over months and are often rescheduled or continued without review hearings taking place. Paper reviews by the court, in lieu of actual hearings, were also occasionally taking place with no order issued. The Child Placement Review Board (CPRB) case review had also been considered a periodic review, but Delaware disbanded the Child Placement Review Board. CIP data and AFCARS data confirm that gaps exist of greater than 6 months between court review hearings. TPR cases are more likely to have a delayed periodic review; CPRB reviews had previously filled this gap. It was determined that there are challenges getting review hearings scheduled during a TPR appeal or after the TPR. At TPR hearings, Court is not scheduling next review hearings because parents are present. They are scheduling hearings afterwards and providing notice to DFS. There is a delay in getting these hearings scheduled at times. Committee also analyzed length of stay in care and exit custody reports. It was determined that having regularly scheduled periodic reviews as currently defined had no significant difference on goal achievement and timeliness. TPR appeals took 400 days longer than cases without appeals to reach adoption goal. In 2018, there were 141 adoption cases, 16 had appeals. It was also found that the longer you stay in care, the more likely you are to have a delay in achieving permanency goal.

A theory of change was developed: Periodic review frequency and timeliness will improve with tighter accountability and correct documentation. Committee members presented periodic review concerns at CIP Steering Committee meetings. Judges confirm that all information required to meet definition of periodic reviews was also considered as part of TPR hearing and as part of paper review process. Judges agreed to issue orders documenting a review hearing and a TPR hearing. Deputies will ask for two orders, one related to TPR of parents and one related to child's dependency review. Judges are now issuing orders based on paper reviews. Lead Deputy Attorney General drafted an order that is attached to the paper review upon submission. Judges update this draft as needed, sign, and file the order. The DFS Operations Administrator informed staff of need to enter paper reviews and two separate orders, a TPR order and a review order, into FOCUS. QA Manager continues to monitor this practice when analyzing AFCARS and other reports.

A second theory of change is that if the courts were reminded that periodic reviews are needed every 6 months, the number of timely periodic reviews would increase. Committee members presented data at a CIP Steering Committee meeting. Judges were made aware that a continuance on a TPR should not delay the review hearing. Also, if a parent appeals the TPR decision, review hearings must proceed on schedule. To help address timely hearings, CIP database was updated to track hearings and send proactive emails to court officials reminding them a hearing needs scheduled.

The impact of interventions has been positive. Recent AFCARS shows a decrease in children missing a periodic review compared to last submission. For 2019B AFCARS, 41 children were missing information for element 5, periodic review, prior to QA of the file. At time of submission, 20 records were missing information, 2.8% of all records. Prior to QA of 2020A AFCARS report, only 32 records were missing periodic review information. Currently, 2020A AFCARS only shows 4 missing periodic reviews, .06% of all records. CIP data base also confirms a decrease in missed hearings. This benchmark is completed.

2. CQI workgroup for post-adoption disruptions to hold meetings to apply:
 - a. Defining the scope of disrupted adoptions.
 - b. Researching solutions to preserving adoptive families.
 - c. Forming a theory of change to improve outcomes.
 - d. Implementing an intervention to preserve adoptive families.
 - e. Evaluating impact on rate of post-adoption out of home placements.

Timeframe: June 2021.

Measure: Documentation of application of CQI principles on this project and impact on number of post-adoption disruptions.

Progress Report: CQI workgroup was able to define scope of disrupted adoptions and determined between 5-6% of previously adopted children are in the foster care population; but they make up a third of intensive residential placements. Team continues to collect data and research solutions. Two early contributing factors were determined to be staff's lack of knowledge regarding post adoption services and a need to strengthen our workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. A theory of change is that if staff are educated on post adoption services they will be able to communicate to adopted parents the availability of and make referrals to these programs. If this occurs, these programs could work with adopted families and prevent disruptions. A second theory of change is if staff have a more trauma informed awareness of issues specifically related to pre and post-adoptive children, they will better able to assess children and adopted family's needs, provide appropriate services or interventions, prepare adopted parents for future challenges, and better ensure safety, permanency, and well-being. This will lead to stability of pre-adoptive children in their homes and prevent disruptions. In regards to interventions, Committee has arranged for post adoption services contract agency director to do a supervisor presentation and provide training regarding post adoption services to staff throughout the department. Once training is completed, a practice change will be implemented where all adoptive families working with DFS will be referred for post adoption services. Committee is also working towards adding child welfare professional training specifically related to pre and post adopt children and families to the Delaware Learning Center where it can be accessed by all employees of the Department. Evaluation of impact cannot yet be undertaken. See Benchmarks under Section IV. CFSP Progress Report, Objective: Prevent post-adoption disruptions, for more information on the CQI Post Adoption Disruption Prevention Committee.

Objective: Sustain CQI steering committee as the guiding authority for Office of Children's Services continuous quality improvement.

Rationale: DFS' CQI Plan requires the agency to designate a CQI Coordinator and a CQI Steering Committee. The Steering Committee representing various levels of agency staff and community partners will review implementation of the Plan and advise agency management of level of functioning and CQI strengths and areas needing improvement. Committee membership is determined by the Coordinator and agency leadership.

Outcome: Application of CQI principles and strategies will improve processes, workforce competencies, service array, and outcomes for children and families. DFS' CQI system governance will mature providing structured guidance and growth of CQI culture. Quality assurance case reviews are conducted with fidelity, observing sampling, OSRI, and measurement standards.

Benchmarks:

1. The CQI steering committee will review case review findings and progress towards goals during the remaining CFSR PIP measurement periods not to exceed the October 2019-March 2020 reporting period.

Timeframe: May 2020.

Measure: Documented status of CFSR PIP Onsite Review Instrument results compared to improvement goal performance in Children's Bureau correspondence or APSR.

Progress Report: This is a summary table of the CFSR PIP items using OSRI findings as the measurement tool, established baseline performance, improvement goal, and status of achievement with highest performance rating.

OSRI Items	Baseline	Improvement Goal	Status
Item 1: Timeliness of initiating investigations of reports of child maltreatment	81.08%	89.3%	Did not achieve 80%
Item 3: Risk and safety assessment and management	90.70%	94.7%	Achieved Baseline 91%
Item 5: Permanency goal for child	74.50%	82.3%	Achieved 92%
Item 6: Achieving reunification, guardianship, adoption or APPLA	82.69%	89.4%	Did not achieve 87%
Item 12: Needs and services of child, parents, and foster parents	73.26%	79.40%	Achieved 79%
Item 13: Child and family involvement in case planning	74.70%	80.8%	Achieved 84%
Item 14: Caseworker visits with child	86.05%	90.8%	Did not achieve 81%
Item 15: Caseworker visits with parents	68.06%	75.1%	Achieved 76%

Delaware met PIP goals for Items 3, 5, 12 13 and 15. Delaware did not meet PIP goal for Items 1, 6 and 14. Delaware missed achievement of Item 6 by 2%.

Case review performance and progress towards PIP measurement goals were reviewed at every CQI Steering Committee. Committee analyzed case rating summaries for each item that was not meeting PIP goals to determine causal factors, commonalities and trends. These results were incorporated into a training on case reviews presented at a DFS All Management Meeting by DFS QA Manager, DFS Operations Manager, and a case reviewer on January 16, 2020.

A new benchmark will replace this completed benchmark: The CQI Steering Committee will review case review findings and progress towards goals and make data driven recommendations for improving performance to the leadership team. Timeframe: July 2020 and ongoing. Measure: Documentation of Committee's review of OSRI findings and recommendations.

2. The DFS CQI steering committee will coordinate activities with the Department CQI workgroup.

Timeframe: October 2019 and ongoing.

Measure: Documentation of coordination and progress of CQI activities.

Progress Report: When the Department CQI program was established in 2019, a joint meeting was held with DFS. DFS report writers and data analysts meet regularly with Department report writers during Report Developers Meetings to collaborate on activities and ensure there is not a duplication of efforts. Collaboration has also taken place in regards to the presentation of data on a public facing dashboard. The Department CQI lead has joined the DFS CQI Steering Committee. The CQI Post Adoption Disruption Prevention Committee is a joint collaboration between DFS and the Department CQI program. Department CQI lead is a member of this committee. Previous sections of this report have provided detailed update on this committee's progress and activities. Department CQI lead and DFS CQI members share updates on CQI activities and progress made. Most recent meeting occurred April 20, 2020.

3. DFS' CQI steering committee to coordinate semi-annual stakeholder meetings and stakeholder input activities such as surveys.

Timeframe: September 2019 and ongoing.

Measure: Documentation of meeting schedule, attendees, presentations and evidence of stakeholder input.

Progress Report: Stakeholder meeting held September 19, 2019 focused on service array strengths and areas to improve. See Section I, Collaboration for meeting information. A stakeholder meeting was scheduled for April 9, 2020 but cancelled due to the pandemic. Planning for the next stakeholder meeting agenda includes a review of program highlights including workload, staffing and retention efforts, expanding differential response, strengthening partnerships, Family First Prevention Services, human trafficking initiatives, and the development of the formalized continuous quality improvement system. Agenda also includes a presentation on case review performance results, CQI activities and discussion on areas targeted for improvement based on case review findings, and a feedback session to gather input from stakeholders to guide and inform Delaware's child welfare strategic planning.

Stakeholders have been invited to attend and participate in CQI committees. Minutes are kept for each meeting that includes a record of attendance. Representatives from the Court Improvement Program and Department of Justice participated in the CQI Periodic Review Committee. Members attended judicial meetings and gather information from judges. The CQI Post Adoption Disruption Prevention Committee has stakeholder representation from Department's Office of Case Management and post-adopt services contract provider. The team plans to add an adoptive parent to this committee. A qualitative survey is being developed for adoptive parents including those experiencing disruption. The CQI Intact Family Committee created a survey for frontline treatment to determine barriers in their work. The CQI Data Quality Committee includes

representation from the Division of Management Support Services and the Executive Product Owner for FOCUS.

4. DFS' CQI steering committee to inventory and catalog reports for use by administration, operations and program staff to reference in support of new initiatives or to recognize strong practice and performance for safety, permanency well-being and systems.

Timeframe: June 2020 and ongoing.

Measure: Documentation of report inventory and cataloging by outcome and system.

Progress Report: Delaware maintains an inventory and catalog of all reports available for use by administration, operations, and program staff. This is updated on a regular basis as new reports are created.

Objective: DFS leadership to resource and supply a dedicated quality assurance case review unit within the quality assurance and data team.

Rationale: Dedicated staff are needed to conduct quality assurance case reviews assures case review fidelity. Quality case reviews provide core measures of child welfare operational health and gauges process and outcomes for children and families. The CFSR PIP activities to conduct quality case reviews were challenged by the lack of full-time, dedicated staff. Stakeholders say staff and partners are interested in data.

Outcome: DFS will maintain high quality case review results used to inform self-assessments, resourcing decisions and identification of areas to focus CQI targeted activities improving outcomes for safety, permanency, well-being, service array and workforce development.

Benchmarks:

1. Delaware General Assembly to pass FY2020 Governor's Recommended Budget which includes three full time positions for case reviewers.

Timeframe: July 2019.

Measure: Documented passage of FY2020 Budget Bill.

Progress Report: The Delaware General Assembly passed the FY2020 Governor's Recommended Budget that included the DSF staffing requests. The DFS staffing request included three full time positions classified as Administrative Case Review Specialist. Those positions were established in September 2019 and hired in December 2019. This benchmark is completed.

2. Quality Assurance Manager to hire and train new reviewers to conduct quality case reviews using the Onsite Review Instrument.

Timeframe: October 2019.

Measure: Documentation of case assignments November 2019.

Progress Report: In October 2019, Delaware established a case review team consisting of 4 full time case reviewers, a part time reviewer, a part time second level quality assurance reviewer, and a full time quality assurance manager/second level quality assurance reviewer. All reviewers were trained to use the OSRI instrument with fidelity to the federal model, as well as case review processes and procedures. A case review procedure guide was created and recently updated. The team conducts 90 treatment (in-home and foster care) and differential response case reviews in 6-month periods, 15 reviews per month. The team also conducts 15 investigations case reviews every month. In the future, this team will be conducting SDM[®] fidelity case reviews as well. This benchmark is completed.

Workforce Stability and Development

Goal: Stabilize the workforce to improve outcomes for children and families.

Rationale: The Division is experiencing an unstable workforce with higher than normal staff turnover rates. The statewide staff turnover rate for CY2018 was 26.27%. The turnover rate for CY2019 was 15%. The unmanageable workload associated with high caseloads, along with the lack of consistent staff development and training opportunities are turnover drivers for DFS. Normalizing caseloads, workloads and providing supports such as better training and compensation through hazardous duty pay will stabilize the workforce and create an improved work environment with experienced staff. Stakeholders agree caseload and workload are too high.

Measure: Caseload averages will be at or near the mandated standard and turnover rates will be reduced to 10% or less.

Performance: As of March 31, 2020, investigation caseload average for fully functioning caseworkers is 16.7 (standard = 11) and treatment and permanency average caseload for fully functioning caseworkers is 13.4 (standard = 18). Over the past 5 years, investigation caseloads reached a high of 26.1 in May 2018. Treatment caseloads had a high of 21.2 in December 2016. The turnover rate for CY2019 was 15%, a 9.73% improvement from 2018's 24.73%.

Objective: Enhance skill set and competences of staff through enhanced training opportunities primarily focused on Safety Organized Practice and Structured Decision Making[®].

Rationale: In 2014, DFS began a sweeping practice model change through Outcomes Matter initiatives which included Safety Organized Practice, a child welfare practice model grounded in critical thinking regarding safety and strong family engagement. When Safety Organized Practice was implemented, staff were provided with 12 modules of training across the first year of implementation. Since that time, SOP was incorporated in new worker training so that new staff are introduced to the practice strategies. However, there is

a gap in training opportunities for staff to deepen their practice through continuous training opportunities on the practice model. In addition, many of the “early adapters” and trainers of the practice model have been promoted to new and different positions and are not available to support continuous training on the model. Turnover of staff has also negatively affected the level of staff with knowledge and experience in using the SOP techniques. Stakeholders say training can be strengthened for caseworkers. Reinvesting in SOP training for all staff develops internal capacity to provide ongoing training on the model and strengthens staff skills. Outcomes will be stronger performance in the areas of assessment, family engagement and planning with children and families. Opportunities for staff to develop their skills and receive skills training also will assist with staff turnover by improving morale and connectedness to the agencies work.

Outcome: Well-trained staff prepared to utilize strong engagement and critical thinking skills with the children and families they serve. Increased family engagement in assessment and planning will result from quality engagement by trained staff.

Benchmarks:

1. DFS to receive approval of the budget proposal submitted to contract with the NCCD Children Research Center (CRC) to establish a Safety Organized Practice training continuum.

Timeframe: July 2019.

Measure: Documentation of approved proposal and allotted funding.

Progress Report: DFS submitted a budget proposal to contract with NCCD/CRC to establish an ongoing training curriculum that will provide Safety Organized Practice training to staff within the Division. The proposal was approved, funds allocated and contract negotiations are approaching finalization. This benchmark is completed.

2. DFS program team to engage NCCD/CRC through a technical assistance contract to establish a Safety Organized Practice Continuum for DFS staff.

Timeframe: December 2019.

Measure: Executed contract and documentation of contractor and agency activities.

Progress Report: Early in FY2020, upon receiving a significant amount of General Funds to be used for training, DFS’s Fidelity Team, which is comprised of regional staff, members of the program team, the Deputy Director, and the Administrator of Children’s Services, asked NCCD/CRC to create a series of trainings, designed to deepen SOP and SDM practice, inform a peer coaching model, support the CQI model design, and provide a case reading model for staff at all levels. After a series of suggestions and negotiations, the Fidelity Team reached a consensus at the beginning of April 2020 that the following elements should be included in the new training contract: 1. Outcomes Matter Survey—to inform the team about the current training needs; 2. Case Reading

Training and Policy Development; 3. SDM Supervisory Advanced Modules; 4. Peer Coaching Model; 5. CQI Improvement Model Design; and 6. SDM Worker Advanced Modules. These negotiated items will be resubmitted to the NCCD/CRC, and it is anticipated that a contract will be executed prior to the end of FY2020. CPD will participate in the roll-out of the SOP training for DFS staff, through scheduling sessions in the DLC, tracking attendance, participating in training, and modifying existing DFS training, as needed. This benchmark's timeframe is revised to October 2020.

3. DFS leadership to develop a training pool that includes staff volunteers, members of CPD, TDM facilitators, coaching supervisors and practice coaches who are prepared to receive the "Train the Trainer" SOP modules.

Timeframe: March 2020.

Measure: Established pool of trainers.

Progress Report: This benchmark is pending. DFS staff, supervisors, coaches and CPD trainers will attend the SOP 'Train the Trainer' modules once the contract is executed with CRC and sessions scheduled. The timeframe is revised to December 2020.

4. DFS leadership and CPD staff to implement trainer modules of Safety Organized Practice baseline and depth of practice modules.

Timeframe: June 2020.

Measure: Documentation of training completion using the DLC tracking.

Progress Report: Once the SOP 'Train the Trainer' modules are scheduled with NCCD/CRC, CPD will enter them into the DLC so identified SOP trainers can register. Following the training, CPD will track attendance through the DLC roster. This benchmark is pending; the timeframe is revised to March 2021.

5. Establish a calendar of opportunities for all staff to participate in all levels (baseline and depth of practice) of Safety Organized practice. DFS leadership will collaborate with the CPD, practice coaches, training pool staff and CRC to set the training calendar.

Timeframe: July 2020.

Measure: Documentation of completion of 'Train the Trainer' sessions.

Progress Report: CPD will work with NCCD/CRC and the identified SOP trainers to schedule the necessary SOP sessions for DFS staff. The sessions will be entered into the DLC so staff can register. Following the training, CPD will track the attendance through the DLC roster. This benchmark is delayed; the timeframe is revised to April 2021.

6. SOP trainers to conduct baseline and depth of practice Safety Organized Practice training modules.

Timeframe: December 2020 and ongoing

Measure: Using DLC's attendance tracking, 100% of newly hired staff have SOP training. In addition, 80% of existing staff will have completed SOP (baseline or depth of practice) training aligned with their need.

Progress Report: After the SOP Continuum training modules are complete, CPD will demonstrate that 100% of DFS new hires and 80% of existing DFS staff have received the training. This benchmark's timeframe is revised to April 2021 to align with new SOP training modules.

Objective: Reduce caseload averages for frontline staff through a staffing capacity plan that will increasing the number of staff available to carry cases.

Rationale: Delaware has a mandated caseload standard, which is set at 11 for investigation and 18 for treatment. Despite the mandate, the agency has experienced investigation caseload averages that are double the standard for the last year and half. For example, in the third quarter of 2018, the investigation caseload average was 23.4 and the average for the fourth quarter of 2018 was 22.8. While the treatment caseload averages have hovered at or near the standard of 18, the CPAC Caseload/Workload Time Study determined that that standard is too high. When workers are carrying more cases than they can reasonably manage, they are unable to make timely and quality assessments and interventions with children and families. A staffing capacity plan normalizing caseloads brings the agency in compliance with the mandated caseload standard and provides quality assessment and interventions with children and families. In addition, unmanageable caseloads lead to workers being overwhelmed, burn out and not feeling successful in their roles with the Division. These conditions lead to increased turnover. As of March 31, 2020, investigation caseload average for fully functioning caseworkers is 16.7 and treatment average caseload for fully functioning caseworkers is 13.4.

Outcome: Staff will manage caseloads at or near the mandated standards.

Benchmarks:

1. DFS leadership to implement a 5-year staffing plan that will have annual submissions based on the previous year's caseload average. Each year the Division will continue to review monthly and quarterly caseload reports and staffing levels (turnover reports) to develop the coming years staffing budget request.

Timeframe: 2020 and annually for next 5 years, submissions for staffing requests will coincide with the annual budget preparation and timeframes.

Measure: Documentation of FY2020-2024 budget proposals for staffing.

Progress Report: DFS continues to develop and adjust the 5-year staffing plan. The agency was successful in submitting the first and second year requests and both were included in the Governor's Recommended Budget. Each year's staffing request is based off current positions and current caseload trends and designed to move closer to caseload mandates. DFS is reviewing caseload and turnover reports to determine the year 3 staffing request. It should be noted that year 3 staffing approvals may be impacted by the COVID-19 public health crisis.

2. DFS to hire three practice coaches as a component of the staffing capacity plan. These coaches will be assigned to each county and will support both staff and supervisors through mentoring, coaching, training and other support geared towards improving and developing their skills.

Timeframe: September 2019.

Measure: Documentation of FY2020 budget includes practice coaches and hiring of positions.

Progress Report: DFS' request for practice coach positions was approved for FY2020. The positions were established in December 2019 and January 2019 and an adjustment was made to include four practice coaches, one for each of our regional offices. Three of the four practice coach positions were hired May 2020. While the hiring process began in the end of February, there was some delay in the hiring process due to the COVID-19 Public Health Crisis. The fourth position is in the process of being filled. This benchmark is completed.

Objective: Reduce the mandated caseload standard for treatment by modifying legislation and assessing staffing needs to bring the agency into compliance with the new caseload standard.

Rationale: The Division in coordination with the CPAC Caseload/Workload Committee engaged in caseload and workload time study collaborating with Delaware State University. Results of the time study demonstrated that treatment staff, who have a current caseload standard of 18, do not have enough time to complete the necessary activities required to successfully manage the needs of the children and families on their caseload. Reducing the caseload standard and ensuring that staff are carrying caseloads at or near those standards, will allow staff to have enough time to complete the necessary activities associated with their cases. Timely completion of activities leads to improved performance in the areas of safety, permanency and well-being. A manageable caseload also leads to job satisfaction thereby reducing the likelihood of staff turnover due to the demands of excessive caseloads.

Outcome: Treatment and permanency staff will have a manageable caseload leading to better safety, permanency and well-being outcomes.

Benchmarks:

1. Co-chairs of the CPAC Caseload/Workload Committee will present final report and recommendations to CPAC and seek approval to move forward with recommendations.

Timeframe: August 2019.

Measure: Documentation of successful submission of final report, recommendations, and CPAC response.

Progress Report: The final report and recommendations from the CPAC Caseload/Workload Committee were presented at the November 2019 CPAC Meeting. The recommendation from the work group is to change the current treatment caseload mandate from 18 to 12 cases per worker. There were other recommendations for the Division to consider related to the management, assignment and weighting of those cases once the caseload mandated had been changed. These recommendations were an effort to support the agency coming into compliance with the new mandate and transitioning to the new standard efficiently. The final report and recommendation was approved by CPAC on 11/20/19. This benchmark is completed.

2. DSCYF leadership to draft legislation to mandate the reduction of the current caseload standard. Legislation will then be approved, sponsored and presented for approval during legislative session.

Timeframe: January 2020.

Measure: Documentation of legislation status lowering caseload standards for treatment workers.

Progress Report: Since the CPAC approval to lower treatment caseloads, legislation changes were drafted for review and edits. CPAC is seeking sponsorship for the legislation in the next cycle. Once the mandate is changed, the Division will have 3 years to come into compliance with the new standard. This benchmark is revised to: CPAC to draft legislation to mandate the reduction of the current caseload standard. The timeframe is adjusted to June 2021.

3. DFS leadership to build staffing and budgetary plan to ensure that DFS can come into compliance with the lowered caseload mandate standard. DFS to add case carrying, supervisory and other support staff to the current staffing complement so that workers carry an average number of cases at or near the new standard.

Timeframe: April 2020.

Measure: Documentation of staffing and budgetary plans aligned with lower caseload standard.

Progress Report: In preparation for the submission of the final report from the CPAC Caseloads/Workloads Committee, DFS leadership developed a staffing plan supporting

a lower caseload standard. The staffing plan will be a phased in plan to be requested over a 3-year period and to be included in the 5-year overall staffing plan. The staffing plan includes infrastructure positions such as supervisors and unit assistances. The calculations are based on treatment caseload averages over the last 3 years with the projection that we would manage the same number of cases each year since the trend has remained steady. Prior to each year's staffing request submission, data will be reviewed to ensure the request is accurate. This benchmark will continue until the lower caseload legislation is decided and infrastructure is implemented; the timeframe is revised to April 2020 and ongoing until lower caseloads are implemented.

Objective: Launch a hazardous duty pay initiative for staff whereby they would receive supplemental compensation reflective of the hazards their job duties and responsibilities present.

Rationale: In person and electronic staff survey results indicate that a reason staff leave their positions is due to the hazards that they face daily while completing their job duties and responsibilities. This objective will improve staff retention and support stabilizing the workforce.

Outcome: Staff will be fairly compensated for the hazards that they are exposed to in their positions. Staff will be less inclined to leave, leading to a more stable workforce which will positively influence the outcomes for the children and families they serve.

Benchmarks:

1. In collaboration with DMSS, DFS will review all positions for eligibility for hazardous pay to create a personnel listing to be submitted to Department of Human Resources (DHR) and Office of Management and Budget.

Timeframe: August 2019.

Measure: Final submission of eligible personnel report by DFS and DMSS.

Progress Report: DFS worked with DMSS to review all position classifications eligible for hazardous duty pay and created a master personnel listing that could be used to submit to the Office of Management and Budget. This process was tedious and took place over the course of two and half months (August 2019 through mid-October 2019). This benchmark is completed.

2. Together with DHR and DMSS, DFS will work through compensation calculations for all approved and eligible staff to determine the hazardous duty pay rate for each employee. In addition, compensation start dates, review schedules and auditing practices will be implemented in collaboration with DMSS, OMB, DHR and DFS.

Timeframe: December 2019.

Measure: Documentation of hazard duty pay per employee, start dates, review schedules and audit practices.

Progress Report: Through a series of meetings and communications between August 2019 and February 2020, DFS in collaboration with DHR and DMSS established accurate compensation calculations, start dates and tracking procedures for staff eligible and approved for hazardous duty pay. The eligible staff received approval and began receiving hazardous duty pay in two waves. Investigation staff were approved for compensation starting mid-October 2019 and treatment staff were approved for compensation starting mid-November 2019. The agency established a process to review errors and future eligible positions that may be granted to the department to ensure they receive starting compensation. All errors were corrected, with retroactive compensation where necessary, by February 2020. The DFS Deputy and DMSS HR Specialist will review eligibility and approval semi-annually. This benchmark is completed.

Objective: Provide quality new worker and in-service training.

Rationale: Delaware stakeholders say pre-service and in-service trainings for caseworkers need improvement. As part of a comprehensive onboarding program, New Employee Training (NET) ensures that new hires receive the necessary knowledge and experience to perform their job competently and confidently. Recent studies have suggested that new staff appreciate a structured orientation to their day-to-day responsibilities, more guided support from their supervisors, and to be accepted into the group (<https://www.td.org/insights/surprise-new-employees-want-formal-training>). A September 2018 study by talentlms.com and Dr. Allison M. Ellis, Ph.D., Assistant Professor of Management and Human Resources at the California Polytechnic State University found that the highest employee satisfaction with onboarding programs included blended learning delivery methods, a longer duration, more ‘company culture’ training, increased supervisory involvement, and a sense of connectedness and belonging (<https://www.talentlms.com/blog/new-employee-onboarding-study/>).

An organization’s investment in robust NET, as well as continuing education, demonstrates to staff that they are valued and appreciated. In turn, employee retention improves as staff feel more engaged, understand the expectations placed on them, and have opportunities to develop, grow, and advance. According to shiftelearning.com, in a “recent national survey of over 400 employees spanning three generations (Baby Boomers, Generation X, and Millennials), 70% of the respondents indicated that job-related training and development opportunities influenced their decision to stay at their job.” (<https://www.shiftelearning.com/blog/statistics-value-of-employee-training-and-development>).

Outcome: DFS NET and the entire new hire experience will reflect the commitment of the Division to be a learning organization that supports personal mastery, shared vision, and team building. DFS staff and supervisors will be provided with opportunities for continuing education that allow them to stay current with trends in child welfare, to support the initiatives of the Division, to further develop their skills, and to advance professionally.

Benchmarks:

1. After surveying new DFS staff on their training experience, CPD will collaborate with DFS to develop a comprehensive onboarding plan for DFS new hires that builds a sense of connectedness with the Division, delivers valuable training, and ensures consistent feedback and evaluation throughout the learning process.

Timeframe: March 2020.

Measure: Documentation of staff surveys and issuance of an onboarding plan.

Progress Report: In April 2020, CPD assigned a System Evaluation to all DFS staff hired between May 2019 and January 2020, who had completed (or nearly completed) the DFS NET training series. The evaluation includes a Likert Scale of excellent, very good, good, fair or poor, in addition to multiple choice questions, and open-ended questions regarding the entire DFS NET experience. The raw survey data indicates that FY2020 new staff consistently rated their overall training experience as “very good” or “excellent.” The lowest scores (“good”) related to shadowing experiences.

CPD is a member of the DFS Staff Retention/Onboarding Workgroup. The Workgroup has not begun meeting, so a comprehensive onboarding plan has not been developed yet. CPD will continue to gather information from the new DFS staff about their onboarding experience and will provide the results of the surveys to the Workgroup to assist in the development of a comprehensive onboarding plan. This benchmark’s timeframe is revised to December 2020 to complete the onboarding plan.

2. CPD to train DFS supervisors on the onboarding process.

Timeframe: March 2020.

Measure: Documentation of training completion using Delaware Learning Center attendance tracking.

Progress Report: Once a comprehensive onboarding plan is developed, CPD will incorporate the plan into the Supervisor Core Modules, which are scheduled twice a year. CPD will also include the onboarding plan in the Supervisor Manual that is currently in development. This benchmark is pending; timeframe is revised to June 2021.

3. CPD staff will confirm the DFS NET curriculum complements the existing policies, practices, and initiatives of the Division. Embedded in the NET will be the values, knowledge, and skills necessary for quality safety decisions and child welfare casework. The DFS NET will include opportunities for staff to learn in different ways, including Instructor-Lead Training (ILT), online training, and on-the-job experiences.

Timeframe: January 2020 and ongoing.

Measure: Documentation of training curriculum adjustments, variety of learning opportunities and DLC attendance tracking.

Progress Report: CPD provides Instructor Lead Training and online training on the skills and knowledge needed by new hires to understand and implement the DFS Safety Organized Practice (SOP) model. Thirteen competency-based core trainings are delivered to cohorts of new DFS caseworkers through ILT. New staff are also assigned thirteen online training modules on different subjects that support the Outcomes Matter strategies and supplement NET. CPD is equipped to provide the ILT courses in-person and virtually, depending on business need.

CPD provides four core ILT sessions to new staff in their first month: Safety-Organized Practice, Interviewing, This is Abuse and Neglect, and Factors Affecting Child Safety. The four core classes are interspersed with days in the field/office, so that new staff can begin experiencing On-The-Job activities immediately. CPD trained mentors and experienced staff are paired with new hires or coaches to facilitate learning in the field, through OJT experiences.

Following the core ILT training classes, new staff schedule their remaining ILT NET courses based on their individual scheduling demands. The remaining NET courses have due dates that range from three months to one year following hire. The list of NET courses, due dates, and OJT activities are included in the DFS Transfer of Learning Brief provided to new staff and their supervisors when they start. The TOL Brief also includes the DFS Philosophy, the Safety Organizing Practice Values and Principles, and Training Ground Rules. (See Attachment: DFS TOL NET Brief – 12th Edition)

Following the core NET classes, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills trained. A detailed list of the DFS NET (pre-service) courses is included in Section II. Update to the Plan for Enacting the State's Vision, Staff Training.

4. DFS NET curriculum will be reviewed yearly (or more frequently, as needed) to ensure consistency between training and practice.

Timeframe: March 2020 and ongoing.

Measure: Documentation of training curriculum review and adjustments.

Progress Report: CPD partners with DFS as a member or leader of workgroups, committees, and leadership meetings to provide consultation, assessment, planning, development, coordination, and other related workforce development activities for DFS staff. Participation in the following meetings/workgroups also allows CPD to remain

current on DFS and child welfare practice and to ensure consistency between practice and training:

- DFS Strategic Leadership Meeting
- Treatment Workgroup
- Investigation Workgroup
- DR Expansion Workgroup
 - Fair Training Subgroup
- CQI Data Quality Committee
- DSCYF Policy Committee
- Supervisor Manual Development Workgroup (chair)
- SDM Fidelity Workgroup
- CPAC Training Committee
- CPAC Mandatory Reporting Committee (chair)
- Trauma-Informed Care Committee

As new policies or procedures are implemented, CPD immediately makes changes to the DFS New Employee Training (NET) curriculum.

CPD also gathers information about the individual DFS NET courses through level 1 course evaluations that rate the trainee's perception of course content, process, relevance to their job, and trainer performance. Level 1 evaluations are required for course completion for all DFS NET classes. Rating categories include a Likert Scale of excellent, very good, good, fair or poor. Also included in the evaluations are open-ended questions under each category, requesting ideas for improvements. Evaluations are reviewed regularly to inform training content, learning strategies, trainer competence, and delivery. Participants rate the content for its direct applicability to their job and if their knowledge and skill level increased by the end of the training. The raw survey data indicates the rating from participants observed in the greatest frequency across the 13 DFS pre-service trainings in FY2020 falls solidly between "very good" and "excellent."

5. CPD will formalize the experiential portion of training by adding an On-the-Job (OJT) Checklist to the NET requirements in the DLC.

Timeframe: June 2020.

Measure: Documentation of adding OJT Checklist to DLC.

Progress Report: Prior to attendance in the DFS NET, new staff are provided with the DFS New Employee Training and Transfer of Learning Brief that includes a detailed checklist of OJT experiences to be observed and demonstrated with their mentor and/or supervisor. Currently, the management of the OJT list is controlled by the new employee and their mentor. Completion of the OJT activities is monitored by the supervisor or training coach.

The DLC provides OJT functionality which would allow the mentor or supervisor to provide feedback/scoring of various OJT activities. Management of the OJT requirements includes several steps in the DLC:

- New staff indicate when they are ready to demonstrate an OJT activity.
- Their mentor/supervisor schedules time with the new staff to observe the activity.
- Following the observation, the supervisor/mentor logs the activity complete and includes any comments or scoring.

Currently, there are more than 60 OJT activities listed on the TOL Brief. CPD and DFS will need to determine which OJT activities should be added to the DLC. This benchmark is pending; the timeframe is revised to December 2020.

6. New mentors will attend the ‘Safety Organized Practice Mentoring Training’ course to ensure they understand their important role in the entire onboarding process.

Timeframe: December 2019 and ongoing.

Measure: Documentation of mentor attendance of Safety Organized Practice Mentoring Training’ using DLC tracking.

Progress Report: Safety Organized Practice mentor training is offered at least once a year, depending on business need. The course focuses on orienting experienced DFS caseworkers and supervisors to work with new staff on the elements of effective SOP casework practices. Session attendance is tracked in DLC.

7. DFS new hires will demonstrate the skills they’ve acquired thru formal testing and mentor/supervisor observations.

Timeframe: September 2020 and ongoing.

Measure: Documentation of testing and observation of new hires.

Progress Report: All DFS new staff are evaluated by their mentors and supervisors following training. CPD courses have always included level one evaluations that capture a participant’s reaction to the training (what they liked about it, was the room comfortable, did the instructor engage the class, and what was most useful). While the information obtained from a level 1 evaluations is important, a more accurate assessment of training quality is a level 2 evaluation.

Level 2 evaluations measure how well the participant learned and retained what was covered. The responsibility for the training does not rest on the trainer alone; the participant is expected to be an active partner by being involved and engaged in the learning process. Level 2 evaluations provide CPD with information about a participant’s strengths and concerns, which can then be shared with the DFS supervisor.

CPD has begun the process of creating level two evaluations for all the DFS ILT NET courses. The level 2 evaluations will be added to the curriculum as a test for each course. Level 1 evaluations will continue to be attached at the end of each course and will be required for all DFS NET.

8. CPD will attend monthly DFS Strategic Leadership Team meetings and bi-monthly treatment and investigation workgroup meetings to remain up to date on current policy, practice and initiatives.

Timeframe: October 2019 and ongoing.

Measure: Documentation of meeting attendance and training adjustments to stay current with policy, practice and initiatives.

Progress Report: CPD attends the DFS Strategic Leadership Meeting and treatment/investigation workgroup meetings to stay current on DFS policy, practice, and initiatives.

9. CPD will participate in SDM[®] Fidelity Team to support the use of SDM[®] assessment tools and SOP principles with fidelity.

Timeframe: October 2019 and ongoing.

Measure: Documentation of SDM[®] Fidelity Team participation and actions taken by CPD to improve SDM[®] and SOP implementation with fidelity.

Progress Report: CPD participates in SDM[®] Fidelity Workgroup. The team is working with the CRC to get the SDM[®] tools certified in FOCUS and initiate Level II SOP training for staff. DFS is hiring practice coaches who will be responsible for strengthening SOP practices with DFS staff. The SOP manual was updated at the end of 2019 and replaced the 2016 manual in the Safety Organized Practice course in DFS NET.

10. CPD and DFS to develop a formal continuing education plan providing DFS caseworkers and supervisors opportunities to grow personally and professionally. Plan will be reviewed annually and revised based on stakeholder input, case reviews and other indicators of practice fidelity.

Timeframe: June 2020.

Measure: Documentation of a continuing education plan for caseworkers and supervisors, annual review of plan and actions taken.

Progress Report: DFS developed a formal continuing education plan that provides all DFS staff with opportunities for professional development. CPD and DFS worked together to develop the 2020 Training Plan for DFS staff and supervisors. The training

plan identified a number of required courses for new staff, as well as continuing education opportunities (both internal and external) for existing staff. New supervisors are expected to complete the 6 module supervisor core training within their first year. Existing supervisors are also invited to participate in the Supervisor Core modules to brush up on their skills. (See Attachment: DSCYF 2020 Training Plan). An online module was created to present the training plan to staff and provided examples of courses, online training, free webinars, and conferences that staff may participate in. Each staff member will be required to complete 28 hours of professional development hours each year. DFS worked with CPD, staff and external stakeholders to expand the training and development opportunities and devised a “recommended and/or required” training status for each position type. This does not preclude staff from taking training outside of their recommended training but ensures that they take all required training for their classification. The DFS annual training plan was submitted and approved in August of 2019. DFS leadership will review the plan annually. Options for staff to include relevant training obtained outside of the Department as credit towards their 28 annual hours are under review. CPD is assisting with this technology and guidance to staff on how to load outside trainings as well as the tracking and approval process using the DLC. This benchmark is completed. New benchmark is: DFS Training Plan will be reviewed annually and revised based on stakeholder input, case reviews and other indicators of practice fidelity. Timeframe: 2021 and ongoing. Measure: Documentation of annual review of training plan and actions taken.

11. CPD will use the DLC to schedule and evaluate training sessions. Attendance will be tracked and CPD will provide reports on continuing education hours to ensure compliance with policy and practice standards.

Timeframe: December 2020 and ongoing.

Measure: Documentation of continuing education training using quantitative and qualitative performance measures.

Progress Report: CPD has used the Delaware Learning Center, a learning management system platform, since July 2015. The DLC provides CPD with the capability to create courses, schedule sessions, track attendance, compile training hours, run reports and evaluate training. Level 1 evaluations are attached to all CPD courses in the DLC and are available following completion. These evaluations rate the trainee’s perception of course content, process, relevance to their job, and trainer performance. Rating categories include a Likert Scale of excellent, very good, good, fair or poor. Also included in the evaluations are open-ended questions under each category, requesting ideas for improvements. Evaluations are reviewed regularly to inform training content, learning strategies, trainer competence, and delivery. Level 1 evaluations are currently voluntary for DFS in-service and supervisor training courses.

No data is available for FY2020 in-service or supervisor training as no staff completed evaluations for those courses. Considering the lack of feedback received on courses with

voluntary level 1 evaluations, CPD will endeavor to make level 1 evaluations mandatory for all courses.

The DFS New Employee System Evaluation is administered upon completion of the New Hire Curriculum. Using a Likert Scale, the evaluation allows CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. CPD provides the DFS supervisors and administrators with updates on trends and information gathered from course evaluations and the system evaluation. The following table indicates some key data collected for FY2020.

Class Room Training Questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Content was appropriate to orient me to the job	0%	0%	5%	59%	36%
Training reflected policy and best practice	0%	0%	0%	55%	45%
Training prepared me to begin doing my job	0%	0%	14%	59%	27%
Supervision Questions					
Supervision proved me adequate direction	0%	0%	5%	45%	55%
Supervision supported classroom training	0%	9%	0%	32%	59%
Supervision provided me regular feedback about my job performance	0%	5%	5%	45%	45%
Mentoring Questions					
Mentoring provided enough shadowing opportunities to orient me to the job	0%	0%	23%	36%	41%
Mentors gave me useful performance feedback	0%	0%	14%	36%	50%
Mentoring prepared me to do my job	0%	0%	18%	32%	50%
Shadowing Experiences/On-the-Job Training					
Shadowing activities were sequenced well to help orient me to the job	0%	0%	23%	45%	32%
Shadowing helped me learn my job more effectively	0%	0%	9%	55%	36%
Shadowing experienced workers helped prepare me to do my job competently	0%	0%	18%	59%	23%

Service Array

Goal: Strengthen informal and formal services for children and families.

Rationale: All families, regardless of background, need to have access to meaningful services to build their protective capacities in order to keep their own children safe and to prevent them from entering foster care. Prevention efforts must look beyond those whom we traditionally consider to

be "at risk," and instead must take a collaborative community approach to provide services that strengthen families and are accessible to anyone who wants to use them. This requires examining the resources already available within the Department as well as considering how the agency can better partner with outside community resources, such as Division of Public Health, Prevent Child Abuse Delaware, and other nonprofit organizations. Stakeholders agree Delaware has an array of formal services but services need to be better coordinated and known among all partners at the family and system levels. Responding to a survey, stakeholders agreed or were neutral that Delaware has services to meet the needs of children and families: DFS (65%), DSCYF (76%), community partners (89%), court (60%), youth (80%), and foster parents (88%). Eighty-one percent of the responses indicated that Delaware has services to keep children safe in their own homes. Eighty-eight percent of the responses indicated Delaware has resources to help children return home, to relatives, or to adoptive homes. Eighty-six percent of the responses indicated that services are individualized to meet the needs of children and families. Stakeholders also identify gaps in service for smaller populations requiring specialized care such as foster youth struggling to live in community settings, human trafficking victims and youth aging out of care. Delaware needs to cultivate informal supports to sustain lifelong healthy children, families and communities. Longitudinal impacts of prevention and early intervention services can be defined and measured, informing continuous improvement in child welfare.

Measure: Primary measures are recurrence of maltreatment and count of child abuse victims per 1,000 children per Kids Count[®] publication. Companion measures for this goal are OSRI results for Item 12: Needs and services of child, parents and foster parents, Item 12A: Needs assessment and services to children, Item 12B: Needs assessment and services to parents; and Item 12C: Needs assessment and services to foster parents, Item 16: Educational needs of the child, Item 17: Physical health of the child, and Item 18: Mental/Behavioral health of the child. Stakeholder input on the broader service array will inform evaluation of service array system functioning and effectiveness.

Performance: Recurrence of maltreatment for FFY2017A-2018B is 5.4% and better than the national performance of 9.5%. (Lower is better score) Kids Count[®] data shows the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1,000 in 2018. OSRI results for October 2019 to March 2020 are: 70% for Item 12: Needs and services of child, parents and foster parents, 73% for Item 12A: Needs assessment and services to children, 70% for Item 12B: Needs assessment and services to parents, and 100% for Item 12C: Needs assessment and services to foster parents, 97% for Item 16: Educational needs of the child, 97% for Item 17: Physical health of the child, and 85% for Item 18: Mental/Behavioral health of the child.

Objective: Increase community awareness of services by implementing a plan for collaboration, education, and resource development.

Rationale: There are a number of services in Delaware, but those services reach a select number of families and children. Increasing the awareness of services across Delaware will allow for a more individualized experience. This will also allow Delaware to more accurately evaluate gaps in services and allow for planning as a state and community to fill

those gaps. Strong collaboration between service partners, families and stakeholders will improve needs assessment of the family and individualize the services.

Outcome: Service array in Delaware will be known and strengthened statewide at the family and system levels. Services will be individualized based on accurate needs assessment, planning and service delivery choices. Children and care providers will have appropriate supports. Reunification timeliness will improve for DFS formal services without increasing foster care reentry rates. Treatment case closures without reopening in 12 months will increase.

Benchmarks:

1. DFS, Prevent Child Abuse Delaware and Court Improvement Program to sponsor the Integrated Child Welfare Planning Collaborative to organize and strengthen collaboration, communication and access to prevention, early intervention and formal child welfare services. Collaborative to establish objectives and activities to improve the prevention to formal child welfare intervention service array.

Measure: Documentation of Collaborative membership, activities and products.

Timeframe: December 2020 and ongoing.

Progress Report: Delaware's federal grantees for Community-Based Child Abuse Prevention, Court Improvement Program and child welfare grants formed the Integrated Child Welfare Planning Collaborative in May 2019. The membership grew to represent 19 agencies or offices by April 2020. The collaborative has umbrella goals supporting healthy children, families and communities in Delaware. Meetings occurred July 30th, October 31st, January 22nd and April 29th, 2020. The group's initial focus is to strengthen and broadcast Delaware's child welfare service array.

Objective: Increase utilization of services to at risk families prior to involvement with the state child welfare agency and prior to removal of children from the home.

Rationale: Families are capable of making sound decisions for their children given the right resources. Child maltreatment can be reduced or prevented when at risk families have early access to services. Promoting healthy life choices reduces conditions leading to maltreatment and risk of maltreatment. Stakeholders agree prevention services need improvement. Current prevention services include parent education, strengthening families, promoting safe and stable families, Delaware Fatherhood and Family Coalition, early intervention, behavioral health consultants, and home visiting. Trauma-informed and developmental development evidence-based screenings for children entering foster care, and monitoring psychotropic medications add valuable resources for reunification and permanency achievement.

Outcome: Families will have early access to services when needed and before deeper end child welfare services are needed.

Benchmarks:

1. DFS, Prevent Child Abuse Delaware and DPBHS to participate in Integrated Child Welfare Planning Collaborative activities to organize and strengthen collaboration, communication and access to prevention and early intervention services.

Timeframe: December 2020 and ongoing.

Measure: Documentation of Collaborative activities to promote access to and increase utilization of prevention services.

Progress Report: Prevent Child Abuse Delaware, DPBHS, and DFS are active members of the ICWPC. Goals of the Collaborative are to have children, families and communities. Prevention services are the vehicle to avoid deeper end services for at-risk children and families. The first year's activity focused on gathering data on child welfare services, service accessibility and communications to professionals and families. DFS, PCAD and Court Improvement Program hosted a stakeholder meeting September 2019 where participants identified strengths and gaps. Broad communication of services and availability was voted top concerns. Following that gathering, ICWPC hosted two web-based service array platform demonstrations, Delaware 2-1-1 and Unite DE. The team reviewed the Pre-school Development Grant Needs Assessment for consumer input and is considering generating a consumer survey for targeted prevention service input.

2. DPBHS's Office of Prevention's Middle School Behavioral Health Consultation Program (MSBHC) continues to co-locate behavioral health consultants (BHC) in 30 middle schools statewide to assist with identifying youth at risk, provide mental health and crisis screenings, and facilitate a range of brief interventions designed to remove barriers to academic and social success.

Timeframe: 2020 and ongoing.

Measure: Documentation of BHC service statistics.

Progress Report: For the period July 2018 to June 2019, school based BHCs served 681 students. The 30 BHCs logged 41,000 consultations, over 2,000 service referrals, over 1,000 screenings and over 18,000 brief clinical consultations. In September 2019, DPBHS awarded a contract to Children & Families First (CFF) to administer the MSBHC program. This benchmark is revised to: The Division of Prevention and Behavioral Health Services to contract with a provider to manage the Middle School Behavioral Health Consultation Program (MSBHC). The program continues to co-locate behavioral health consultants (BHC) in 30 middle schools statewide to assist with identifying youth at risk, provide mental health and crisis screenings, and facilitate a range of brief interventions designed to remove barriers to academic and social success. The measure is revised to: Documentation of BHC service activity, statistics and outcomes.

3. DPBHS to develop a FOCUS report showing percentage of youth who received BHC services that do not become involved with deeper-end treatment services at 45, 90, 120 days post-discharge.

Timeframe: September 2020.

Measure: Issuance of report of population served entering more intensive treatment services.

Progress Report: This benchmark is pending. New measures and reporting requirements were established January 2020. Children & Families First will provide monthly statistical data with an annual report to DPBHS to include challenges, outcomes and trends. Reports to include percentage of youth who received BHC services and demographics; percentage of youth that do not become involved with deeper-end treatment services at 45, 90, 120 days post-discharge; percentage of youth in care that attempted suicide; and percentage of youth that self-harm. This benchmark is revised to: DPBHS and Children & Families First to develop monthly and annual data reports showing the number of youth receiving BHC services, type, demographics, diagnosis, and those that do not become involved with deeper end treatment services at 45, 90, 120 days post discharge. Timeframe is revised to June 2021 and ongoing. Measure is revised to: Documentation of BHC service statistics, demographics, outcomes and trends.

4. DPBHS to sustain Early Intervention (EI) programming in 54 schools statewide to prevent at-risk children and families from entering deeper end, more intensive formal child welfare services.

Timeframe: 2020 and ongoing.

Measure: Documentation of EI statistics and outcome surveys of teachers and parents.

Progress Report: The Early Intervention program has sustained programming in 54 schools statewide. Below are parent and teacher satisfaction survey results for 2019. See Section V, Internal Partners for more information about the program.

2019 Parent and Teacher Satisfaction Survey Results of Cases Closed			
Parent		Teacher	
N =	614	N =	705
Satisfied w/behavioral improvements	98%	Satisfied w/behavioral improvements	95%
Program helped w/coping	96%	Program helped w/coping	94%
Program helped w/school	99%	Program helped w/school	93%
Would recommend to others	96%	Would recommend to others	94%

5. EI program leadership to add 'I Can Problem Solve' (ICPS) model as an intervention. ICPS is a universal school-based program designed to enhance the interpersonal cognitive processes and problem-solving skills of children in preschool through 6th grade. Train family crisis therapists (FCT) on the model and implement for 2019-2020 school year.

Timeframe: 2020 and ongoing.

Measure: Documentation of 'I Can Problem Solve' training, implementation and adjustments.

Progress Report: The I Can Problem Solve training took place June of 2019 with two follow-up trainings in the fall of 2019. The ICPS program was implemented after initial group trainings. FCT's integrated the ICPS principals throughout their interventions over the 2019-2020 school year.

Objective: Delaware will define and identify foster care candidates; providing evidence based prevention services that prevent foster care removals.

Rationale: It is important for children to grow up in their own family and maintain their family connections. Children who are able to safely remain in their own home avoid the trauma of entering foster care. Family First Prevention Services Act authorizes Title IV-E funding for evidence-based prevention services after Administration for Children and Families (ACF) approval. DFS has not implemented foster care candidacy Title IV-E administrative claiming.

Outcome: Children will remain safely in their own home, reducing the number of children entering foster care.

Benchmarks:

1. DFS program team and leadership will define foster care candidacy. Once determined, the team will develop policy and procedures to implement required provisions.

Timeframe: March 2020.

Measure: Documentation of foster care candidacy provisions and ACF approval.

Progress Report: In July 2019 the Division of Family Services submitted to ACF Delaware's definition for foster care candidacy. On September 30, 2019, Delaware's definition was approved and can be included in an approved prevention plan. The definition of foster care candidacy in Delaware is "A candidate for foster care is a child who is at imminent risk of foster care absent the effect of the services included in the child-specific prevention plan". The Division's next steps are to draft Delaware's state prevention plan and protocols for case level determinations of foster care candidacy. This benchmark's timeframe is revised to December 2020.

2. DFS and CPD to train staff on foster care candidacy policy and procedures. Regional managers, supervisors and caseworkers will be educated on how to determine eligibility and requirements for ongoing eligibility.

Timeframe: June 2020.

Measure: Documentation of foster care candidacy provisions and ACF approval of claiming methodology. Documentation of effective date.

Progress Report: This benchmark is pending. Timeframe is revised to April 2021. The measure is revised to: Documentation of foster care candidacy training.

3. DFS to submit change requests to revise FOCUS to record and report candidacy statistics.

Timeframe: June 2020.

Measure: Documentation of foster care candidacy FOCUS updates.

Progress Report: This benchmark is pending. Timeframe is revised to March 2021.

4. DFS to collaborate with partners to select and implement prevention services for identified candidates for foster care per Family First Prevention Services Act evidence based qualified services.

Timeframe: October 2020.

Measure: Documentation of prevention services and ACF approval of provisions and claiming methodology.

Progress Report: This benchmark is still pending. The Department will implement provisions of the pending state prevention plan and partner with evidence based community services as indicated. On a broader level, the Integrated Child Welfare Planning Collaborative seeks to strengthen prevention services to promote healthy children, families and communities through collaboration, communication and advocacy. The timeframe is revised to September 2021.

Objective: Develop both formal and informal in-state resources to assist victims of human trafficking through collaboration with partners.

Rationale: The issue of human trafficking has come to the forefront in Delaware in the past few years, and with the passing of HB 181 in 2017, the Division tracks and serves trafficking victims and their families. Agencies operating under the Multidisciplinary Response to Child Abuse and Neglect Memorandum of Understanding use a standard juvenile trafficking protocol to identify, screen and serve victims of trafficking. Current

DFS policy specifies that when reports of possible human trafficking are received at the hotline, they are assigned to an investigation unit, which then works with the child's family to ensure that the child has an appropriate, protective caregiver. Given the statistics linking repeat runaway behavior with higher incidence of becoming a trafficking victim, policy guides interviewing a returning runaway foster youth for possible trafficking. Service array interventions for this specific population need evaluation and development.

Outcome: Victims of human trafficking are appropriately identified and provided with evidence-based services to prevent future victimization.

Benchmarks:

1. The Intake and Investigation, and Treatment Program Managers to review reports of trafficking activities and assess the current application of the Juvenile Trafficking Protocol and policy guidelines to identify exploited youth. Evaluate whether the current tools are sufficient to capture the data required to correctly identify exploited youth.

Timeframe: December 2019.

Measure: Documented review of trafficking data, tools to identify trafficking victims and actions taken to strengthen identification.

Progress Report: The Intake and Investigation and Treatment Program Managers participate on the Juvenile Human Trafficking Interagency Coordinating Council (JHTICC) and are co-chairs of the Victim Services Subcommittee. The committee is currently researching best practice models and reviewing current services within the state. The data subcommittee has been working to gather data on suspected and confirmed minor trafficking. More time is needed to review and validate data, but they have been able to compile some reports.

In January 2020, the SDM Intake tool in FOCUS was updated to include specific maltreatment types to capture allegations of human trafficking, both sexual and other. With this addition, tracking of reports of human trafficking became more reliable. This data is shared with the Investigation Coordinator's (IC) office, housed within the Office of the Child Advocate. The IC's office reviews all intake reports and "double screens" them for possible trafficking allegations. The findings are sent to the DFS Intake and Investigation Program Manager on a monthly basis, who then cross-checks them to ensure that all reports of trafficking were screened appropriately and received an appropriate response. For CY2019, the IC's office identified 23 cases which met the criteria for a human sexual trafficking investigation. Of those 23 cases, 19 were opened for an investigation by DFS. The remaining 4 cases were screened out for various reasons. The goal is to have 100% agreement between the two offices with regard to which cases receive an investigative response, and it is hoped that this cross-sharing of information will aid in that endeavor.

In addition to the SDM[®] intake definition for human trafficking, staff are guided by DFS policy and procedures, which provide a list of red flags and guiding principles to

assist in identifying possible trafficking victims. Staff also use the Juvenile Trafficking Protocol and the Juvenile Trafficking Pre-Assessment Checklist to assess youth who have returned from runaway for indications that the youth may have been trafficked.

These tools may be found in the MDT MOU at:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

This benchmark's timeframe is revised to June 2021 to complete a review of data elements and reports to evaluate effectiveness of the identification methods.

2. The Intake and Investigation, and Treatment Program Managers to modify the tools in accordance with findings from Benchmark 1. Provide training to frontline staff on current policy and use of the tools, as well as other factors that may assist in identifying youth who have been exploited.

Timeframe: June 2020.

Measure: Documentation of tool revisions and staff training.

Progress Report: This benchmark is pending, as the methods for collecting, cross-checking, and analyzing data were only recently updated at the beginning of CY2020. However, as trends emerge, changes to the tools will be considered and training to staff will be provided. Staff were trained on the policy and definition changes and subsequent changes to the SDM[®] Intake tool in FOCUS in December 2019 and January 2020. These trainings were conducted by the Intake and Investigation Program Manager through a series of regional in-person sessions. In addition, the JHTICC Victim's Service Committee is currently researching best practices in working with victims of trafficking. Once a practice model is identified and data is validated, DFS will evaluate policy and procedures for alignment. This benchmark's timeframe is revised to December 2021.

3. Program Managers for Intake and Investigation, Treatment and Foster Care to survey stakeholders regarding the services available for trafficking victims open with DFS. Team to make recommendations to DFS leadership to fill identified service gaps.

Timeframe: October 2020.

Measure: Documentation of survey activities, results and recommendations to leadership.

Progress Report: The Juvenile Human Trafficking Interagency Coordinating Council, a subcommittee of the adult HTICC, formed several subcommittees, including the Victim Services Subcommittee. That group is researching services for juvenile victims of human trafficking. This subgroup is co-chaired by the Treatment Program Manager and the Intake and Investigation Program Manager, and it is comprised of DSCYF, Salvation Army, FBI, and HTICC representatives. One of the goals of this subgroup, formed in CY2019, was to identify service needs and gaps, specific to the juvenile population. The group learned that the adult HTICC services subgroup was conducting similar activities, so the Treatment Program Manager obtained a copy of the adult

services survey. During the March 2, 2020 meeting of the juvenile services subgroup, the group examined the survey and made changes in order to make it specific to services for juveniles. Moving forward, the intention is to work together with the adult services group to administer the survey to local providers in order to put together a resource manual. The timeframe for this benchmark is revised to December 2020.

4. Foster Care Program Manager to assess and resource specialized placements for foster youth who are also trafficking victims. Provide specialized training for foster parents caring for trafficking victims.

Timeframe: Assessment by June 2020. Specialized training for foster parents by January 2021.

Measure: Documentation of assessment, findings, recommendations and implementation of specialized foster parent training.

Progress Report: Preliminary discussions have been held with current placement providers as well as a local organization, Zoe Ministries, which specializes in human trafficking support, on developing human tracking resources. Human trafficking curriculum has been incorporated into foster parent pre-service training and moving towards implementation to in-service foster parent training. Timeframe for specialized training remains January 2021.

Objective: Strengthen foster care resources for all children in out of home foster care.

Rationale: Children need temporary foster care settings and skilled service providers to meet their daily needs. All foster children should experience normal childhood experiences appropriate for their age and development. Stakeholders agree Delaware is challenged to increase the capacity of foster homes, especially for special needs children, substance exposed children and teen youth. Stakeholders say foster parents need supports for themselves and the children in their care. Delaware has a targeted Foster and Adoptive Parent Marketing, Recruitment and Retention Plan (referenced in Section VII.)

Outcome: Every child that needs foster care placement will have the placement resource that best meets their needs.

Benchmarks:

1. The statewide foster care team will implement the Foster and Adoptive Parent Recruitment Plan, including marketing, support and retention activities, to increase foster home capacity. The Plan includes activities to increase capacity for sibling groups, children with behavioral health needs, children with medical or physically challenging needs, infants affected by substance exposure and children with complex needs.

Timeframe: 2020 and ongoing.

Measure: Documentation of Foster and Adoptive Parent Marketing, Recruitment and Retention Plan activities and reports of foster home capacity.

Progress Report: Over the duration of the current the FY2020–2024 Foster and Adoptive Parent Marketing, Recruitment and Retention Plan, the recruitment team has met quarterly to review efforts in recruiting; focusing on increasing the number of new foster families and retaining quality foster homes. The statewide Foster Parent Recruiter (FPR) has updated and disseminated new brochures and other printed materials in Spanish, to effectively reach and increase outreach to diverse populations. Additionally, the FPR has been involved in community events, vendor events (community and medical) and 2019 DFS stakeholder meetings; in order to engage the community and Department partners. Recruitment activities target awareness of program needs and the importance for foster homes that can accommodate sibling groups, medically fragile children, children with behavioral health and other complex needs, and infants affected by substance exposure. DFS foster home coordinators conduct monthly foster parenting information sessions statewide for prospective foster parents. To strengthen current foster families, address gaps in service or areas needing growth, and retain quality foster homes, foster parents are offered core and supplemental trainings, at a variety of times and locations; to accommodate foster family schedules.

As a result of recruitment events, during first quarter FY2020, the number of people contacted at recruitment events ranged from 397 and 524 per month; for the second quarter, approximately 370 people were contacted per month. Approximately 9% attended an information session over the six months. During the third quarter FY2020, there were 345 contacts in January, 376 in February and 124 in March. Approximately 60 people registered for an information session. The COVID-19 pandemic caused some challenges and had a negative impact on recruitment efforts, due to cancellations of public events and the inability to hold face-to-face information sessions.

As of May 2020, there are approximately 240 foster homes with children between DFS supervised and private agencies.

As a majority of foster child adoptions are by foster parents, the Foster Care Program Manager and Adoption Manager coordinate transitioning foster homes to adoptive homes in regards to board and subsidy payments and community based support services. The Adoption Call to Action plan sets activities to strengthen foster/adoptive recruitment by partnering with teen foster youth.

2. The foster care program workgroup will catalog and issue supportive resource guides to foster families, caseworkers and partners.

Timeframe: June 2021.

Measure: Documentation of resource guide distribution.

Progress Report: As the foster care program workgroup disbanded, this benchmark is revised to: Foster care program team will catalog and issue supportive resource guides to foster families, caseworkers and partners. This benchmark is pending.

3. The foster care program workgroup to develop a comprehensive formal and informal resource database using mobile technology as a distribution medium.

Timeframe: Development by June 2023; deployment by March 2024.

Measure: Documentation of resource database development activities and final distribution.

Progress Report: As the foster care program workgroup disbanded, this benchmark is revised to: Foster care program team will develop a comprehensive formal and informal resource database using mobile technology as a distribution medium. This benchmark is pending.

4. The foster care program workgroup to survey foster parents to assess supportive service gaps and make recommendations for implementing additional services.

Timeframe: March 2022.

Measure: Documentation of survey activities, findings and recommendations for expanding support services.

Progress Report: As the foster care program workgroup disbanded, this benchmark is revised to: Foster care program team will survey foster parents to assess supportive service gaps and make recommendations for implementing additional services. This benchmark is pending.

Goal: Strengthen informal and formal services for foster teens and young adults aging out of foster care.

Rationale: By strengthening informal and formal services for youth, youth will more likely become self-sufficient young adults. Focusing on healthy and informed choices regarding education, lifestyle, and family planning prepare youth to be responsible young adults. From January through April of 2019, 21% of youth 18-21 years old participating in the independent living program reported being incarcerated. Over three quarters of the youth engaged in the independent living program are making healthy choices to avoid criminal acts. Nineteen percent of youth participating in the independent living program at age 18 reported parenting their own child. During July 2018 through April 2019 of all youth and young adults receiving services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, 18% of youth reported being employed either part time or full time, and 53% of youth reported being enrolled in post-secondary/vocational programs. DFS wants to improve outcomes for foster teens and young adults by raising rates of high school graduation, employment, and post-secondary enrollment.

Delaware wants to sustain the high percentage of independent living program participants who report positive connections to supportive adults.

Measure: Measures for this goal are from outcome surveys of independent living program participants, using National Youth in Transition Database elements. Goals are 60% of program participants will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

Performance: The first quarter report for CY2020 shows 37% of youth ages 16 through 21 years of age were either employed full time or part time. 61% of youth over the age of 18 had obtained either a high school diploma, GED, vocational certificate or associates degree. Thirty-eight percent of youth over age of 18 were enrolled and attending an academic/vocational program. Eighteen percent of youth over 18 reported college or a post-secondary education program or training as the highest level of education received.

Objective: Foster youth and young adults have opportunities for personal growth, leadership experiences, and community service.

Rationale: The Youth Advisory Council (YAC) is the voice of foster youth in Delaware. DFS, Family Court and community partners use this group to learn the youth perspective of foster care. Experiences to serve as advocates and stakeholders build leadership skills and self-esteem. Engaging with the local community broadens a youth's sense of inclusion and belonging to a community.

Outcome: Youth will be better equipped to make healthy decisions and advocate for themselves, easing the transition to self-sufficiency.

Benchmarks:

1. The Independent Living Program Manager to coordinate with partners to provide personal growth, leadership development and community service for youth participating in YAC.

Timeframe: 2020 and ongoing.

Measure: Documentation of YAC events and activities that promote personal growth, leadership development and community service.

Progress Report: The YAC annual conference was held August 7, 2019 at Delaware State University. The conference opened with welcoming remarks by the YAC leadership (current youth, and youth who have aged out of foster care). The keynote speaker was Keith L. Brown who gave an enthusiastic and engaging presentation on one's ability to BE POSSIBLE. Mr. Brown had the audience standing, clapping, dancing and singing. Breakout workshops throughout the day included a presentation on healthy eating by the FoodBank of Delaware, communication and relationships by the YWCA, a housing question and answer panel, a yoga workshop and a Zumba workshop. The day concluded with youth performing in a talent show that composed of youth singing,

dancing, showing off their art work and reciting poetry. YAC had over 14 vendors attend the conference this year, which provided youth and professionals with resources on local community supports. In the fall of 2019, the Independent Living Program Manager added the YAC officers, and YAC alumni officers to the monthly YAC advisor teleconference meetings. The YAC advisory group consists of adult professionals that support YAC events and activities. Meeting times changed to accommodate the youths' school schedules. During the September 2019 YAC monthly meeting, the Independent Living Program Manager supported the newly elected YAC leaders with running their first meeting. In addition, at this meeting Delaware's First Lady, Tracey Quillen Carney, attended to listen and hear from the youth. YAC is a great opportunity to garner the youth voice. The Stairway To Encourage Personal Success (STEPS) transition meeting workgroup looked to YAC to gain perspectives on ways to make the STEPS meetings more affective for youth. The DFS Director regularly attends YAC meetings to support youth with concerns and questions they have about division procedures. There is recognition for a third party entity to support YAC. Ongoing conversations and meetings have been had with community partners regarding the potential support service. In addition, the YAC officers have been collaborating with Companion Champions, a student led group at Delaware State University to develop a mentorship program. Meetings between the YAC Advisors and Companion Champion leaders have been ongoing since December 2019. In addition to YAC, the Independent Living Program Manager partners with Kind to Kids Foundation, Independent Living for Young Adults (ILYA) and the family court internship program to provide additional community based supports for youth.

Objective: Increase the percentage of foster youth graduating high school, obtaining a GED and enrolling in post-secondary educational and vocational programs.

Rationale: Level of education is an important contributor to quality of life. The NYTD Cohort 1 statistics for Delaware are 26% for 19 year olds in FFY2013 and 47% for 21 year olds in 2015. NYTD Cohort 2 statistics are 53% for 19 year olds in FFY2016 and 68% for 21 year olds in FFY2018. During July 2018 through April 2019 of all youth and young adults receiving independent living services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, and 53% of youth reported being enrolled in post-secondary/vocational programs. Stakeholders want higher high school graduation rates for foster youth. Celebrating youths' achievements, and recognizing their positive growth encourages a youth to continue making positive choices.

Outcome: Education measures for foster youth and young adults receiving independent living services will report higher percentages of high school graduation or GED certificates, and higher enrollment in post-secondary educational or vocational programs.

Benchmarks:

1. Independent Living Program Manager and contracted providers to partner with Kind to Kids Foundation for UGrad programming for eligible foster youth in 9th through 12th grades.

Timeframe: 2020 and ongoing.

Measure: Documentation of UGrad participation and outcomes.

Progress Report: The Independent Living (IL) Program Manager collaborates closely with Kind to Kids Foundation for UGrad programming development. In October 2019 the Independent Living Program met with Caroline Jones, President of Kind to Kids Foundation, to sustain collaboration and program enhancement. UGrad brochures are shared with IL contracted providers to promote referrals. In January 2020, UGrad expanded their services to support youth in post-secondary programs.

2. Independent Living Program Manager to continue contracts with community-based providers to assist youth with tutoring and support to achieve high school graduation/GED, and assist distribution and monitoring of ETV grant awards to eligible young adults.

Timeframe: 2020 and ongoing.

Measure: Documentation of ETV grant awards and contractor monitoring activities.

Progress Report: In the summer of 2019, DFS and contracted providers distributed the 2019-2020 ETV awards to eligible youth. The 2019 budget bill reinstated the Ivyanne Davis Scholarship for persons with foster care experiences, naming CPAC as the administrator of the program; OCA provides administrative support for the Commission. Historically this scholarship was braided with ETV grants for state match and youth awards. In September of 2019, DSCYF met with OCA representatives to review prior processes for ETV disbursements. OCA and DFS signed a Memorandum of Agreement (MOA) April 2020 to add administration of the ETV grants to their new duties. Ongoing meetings between DSCYF and OCA occurred through the spring of 2020, including collaboration on the hiring of a Youth in Transition Coordinator (YTC). The YTC will oversee the creation of the application, management of applicants and disbursement of ETV awards. The YTC position allows for close monitoring of eligible youth and progress made by students. As an additional community resource for youth, the ILYA group has a tutor available for youth needing assistance with school work. The Independent Living Program Manager meets with the ILYA group quarterly to discuss ways in which the group can best support youth.

3. Independent living team to coordinate Destined for Greatness events with youth, advocates, family members and contractors.

Timeframe: 2020 and ongoing.

Measure: Documentation of Destined for Greatness activities and awards.

Progress Report: The 2019 annual Destined for Greatness event occurred June 13th at the Elizabeth Murphey School in Dover. A total of 36 youth were recognized for achieving a goal over the past year. They were recognized by receiving a certificate and a gift from One Simple Wish. In addition, youth graduating high school or a post-secondary program were also recognized. Forty-two graduates were recognized. The event is a fun-filled occasion, highlighting the positive successes youth have made over the past year.

Objective: Sustain and promote financial stipend programming for young adults transitioning out of foster care at age 18.

Rationale: A youth informed program, Achieving Self Sufficiency and Independence through Supported Transition (ASSIST) is financial aid for young adults working to achieve life skills, education, employment and other goals in their independent living plan. The application and reporting components of the stipend program teaches budgeting and accountability.

Outcome: Youth learn personal budgeting and develop routines to manage resources while living independently. Financially stable youth have safe housing, nutrition and enjoy age appropriate social activities.

Benchmarks:

1. Independent Living Program Manager to oversee administration of ASSIST programming for young adults active with independent living services.

Timeframe: Ongoing through 2024

Measure: Documentation of number of young adults receiving ASSIST stipends and application of program requirements with fidelity.

Progress Report: The independent living program tracks monthly usage and billing of ASSIST stipends distributed by providers. For FY2019 through April, 192 youth received an ASSIST stipend. In September 2019, processes were updated for out of state youth. A group email box was installed. Monthly requirements for out of state youth receiving the ASSIST stipend were streamlined. Rules regarding productivity hours for in-state youth were revised. Due to COVID-19 state of emergency, productivity requirements were suspended to align with stay at home guidelines. Fiscal tracking documents were updated in January and February of 2020, improving monitoring of ASSIST invoicing by contracted providers and adding youth counts.

2. Independent Living Program Manager to coordinate review of exit surveys from youth leaving the independent living program to gain insight on the effectiveness of the ASSIST program. Manager to share lessons learned with stakeholders and take actions to improve outcomes.

Timeframe: 2020 and ongoing.

Measure: Documentation of exit surveys and evaluation of ASSIST programming. Documentation of actions taken to adjust program components.

Progress Report: The Independent Living Program Manager shared information pertaining to youth receiving supports and services provided by the IL program during the stakeholders meeting in September 2019. Discussion around potential gaps in services as well as ways to fill those gaps were reviewed with the group. The tool in which feedback from youth ending IL services was reviewed during the quarterly meeting with the contracted IL Directors in March 2020. The new survey requesting feedback from youth about their experience with independent living services was aligned to indicate the NYTD outcomes for services that youth have received. This new exit survey is now included in the contracts with the independent living providers. The Independent Living Program Manager is working with the DSCYF training unit to develop online trainings for DFS staff on the independent living program and the services that are provided to eligible youth. The Independent Living Program Manager intends to incorporate youth voice in the trainings such as video selfies on personal experiences.

Objective: Promote and support enrollment in post-secondary educational and vocational programming for eligible young adults.

Rationale: Youth may be more likely to attend post-secondary education if they have financial support. Education is a key factor to improving quality of life.

Outcome: Aged out foster youth have post-secondary education and vocational training leading to higher income and quality of life.

Benchmarks:

1. Independent Living Program Manager to coordinate distribution of ETV to eligible youth, in compliance with all federal requirements.

Timeframe: Ongoing through 2024

Measure: Documentation of number of young adults receiving ETV vouchers, rules applied and other descriptors of outcomes.

Progress Report: The IL program disbursed ETV awards to eligible youth for 2019-2020 school year. The 2019 budget bill reinstated the Ivyanne Davis Scholarship for persons with foster care experiences; with CPAC as the administrator of the program. Historically this scholarship was braided with ETV grants for state match and education awards. OCA provides administrative support to the Commission. In September of 2019, DSCYF met with OCA representatives to open discussions for the transition of ETV administration to OCA. Tania Culley, Delaware's Child Advocate, OCA, attended the January IL coordinators meeting to learn strengths and weaknesses of past ETV programming. OCA and DFS signed a MOA April 2020 to add administration of the

ETV grants to their new duties. OCA, with DSCYF's support, hired a Youth in Transition Coordinator (YTC). The YTC will oversee the ETV application process and manage the disbursement of funds. The continued goal is to maintain a smooth and efficient process based on continued feedback from IL workers and youth. The MOA will be reviewed annually. From July 1, 2018 to June 30, 2019, 38 youth received an ETV with 19 new recipients. From July 1, 2019 to June 30, 2020, 36 youth received an ETV with 24 new recipients. This benchmark is revised to: Review the DSCYF OCA ETV MOA annually. Update policy and procedures as needed based on stakeholder input. Timeframe: 2021 and ongoing. Measure: Documentation of MOA review and number of awards.

V. Statewide Community Service Partner Updates

Internal Partners

DFS Office of Child Care Licensing

The Office of Child Care Licensing promulgates regulations and monitors the regulation compliance of licensed providers who provide services in the following facilities: family child care homes, large family child care homes, early care and education and school-age centers, residential child care facilities and day treatment programs for children, and child placing agencies (agencies providing home based adoption and foster care services). Its mission is to ensure safeguards and enhance the quality for children in out-of-home care.

Accomplishments

OCCL completes 100% of its mandated yearly site visits. In addition to the required annual monitoring visits, OCCL completes additional visits to investigate complaints of alleged regulatory non-compliance, allegations of unlicensed care, and additional visits to ensure regulation compliance of providers on an enforcement action. In 2019, three supervisors reviewed over 800 statewide complaint allegations to confirm the allegations were actual regulation violations and referred nearly 500 complaint allegations to licensing specialists for investigation. OCCL reviews and updates its Procedures Manual at least annually to reflect current practices that promote conformity in regulation monitoring procedures throughout the state. Relationships and partnerships are created and strengthened with other agencies, such as DOE's Office of Early Learning, Delaware Stars for Early Success (Delaware's voluntary quality-rating improvement system for early care and education providers), DHSS, Delaware Association for the Education of Young Children, and Children & Families First. Joint visits with representatives from the Child and Adult Care Food Program and Purchase of Care programs continue as needed to determine regulation compliance.

OCCL offers information, orientation training sessions and "Staying in Compliance Training" for anyone seeking to obtain and maintain a child care license. Compliance training is a professional development training providing technical assistance to licensed providers upon request or as part of a required corrective action plan for providers struggling to achieve regulation compliance. OCCL also offers this training at professional development conferences and to community partners as requested.

The reauthorization of the federal Child Care Development Block Grant necessitated changing child care requirements. New regulations for early education and school age centers and family and large family child care homes became effective on May 1, 2019 for newly licensed facilities (and on November 1, 2019 for facilities already licensed). Regulations now require providers to complete additional specific trainings and require all applicants, current licensees, and family child care household members to have completed a comprehensive background check. When OCCL proposes new regulations, it informs providers multiple times of the proposed changes, offers repeated periods for public comment, and after final publication of revised regulations, conducts many evening and daytime training sessions in all three counties to acquaint providers with the specific changes to the regulations. Additionally, OCCL offers to current and aspiring center administrators, an Administrator Training to enhance their professional skills. All OCCL regulation trainings are offered at no cost to the participants and help providers meet their annual professional development training hour requirements.

Challenges

- The November 2014 federal reauthorization of the Child Care and Development Block Grant (CCDBG) requirements necessitated changing child care regulations and continues to have significant impact on the workload of OCCL. OCCL staff work to ensure they are knowledgeable on the many regulation changes enacted and to ensure that licensed providers comply with the new requirements.
- An increase in accepted complaints (2018 - 446; 2019 - 496) made to this office regarding possible regulation violations by licensed providers increased workload as additional visits to facilities to investigate the complaint and report writing are required, even if the complaint is not substantiated.
- In conjunction with increased standards contained in the reauthorized CCDBG, OCCL is still working to make significant changes to the OCCL website and reporting procedures to ensure compliance with the grant. Additionally, OCCL is working to develop the mechanism to offer on-line trainings so that providers are able to meet the provisions of the grant and needs of the office. This process is time-consuming as we work with other partners to develop this.
- The Regulations for Residential Child Care Facilities and Day Treatment Programs are the next set of regulations to be revised. After regulations are revised, multiple trainings will be held to inform providers of the regulation changes.
- Prolonged staffing vacancies have posed challenges to completing the work of the office.
- Due to legislative changes, OCCL will move from DSCYF to the Delaware Department of Education (DOE) as of July 1, 2020. There have been multiple meetings and planning time devoted to this move.
- The ratio of caseloads for licensing specialists is listed as 1:150 in Delaware Code. This ratio has not changed since the inception of the child care licensing office even though the complexity of the regulations, the degree and frequency of monitoring visits, and an increase in complaint allegations have all increased significantly. The National Association of Regulatory Agencies recommends that caseloads for licensing specialists should be 1:50.

Collaborative Efforts

OCCL works closely with the Office of Early Learning, Delaware Stars for Early Success, and other community partners for the benefit of the early childhood community. OCCL administration, supervisors, and staff serve on numerous early childhood committees including: Delaware Early

Childhood Council, National Governor's Association Grant Committee, Preschool Development Grant Committee, QRIS Revision Team, Integrity Committee, WAGES\$ Advisory Committee, DE Technical and Community College, Early Childhood Advisory Board, New Castle County Vo-Tech Advisory Board, Wilmington Early Care and Education Council, Families and Centers Empowered Together, Delaware Stars Early Childhood Curriculum Review Panel, DHSS regarding CCDBG revisions, multi-agency Suspension and Expulsion Committee led by DHSS, and Teacher Education and Compensation Helps Advisory Board.

Priorities for the Coming Year

As for priorities for the coming year, OCCL must complete the revision of regulations for Residential Child Care Facilities and Day Treatment Programs. The transition from DSCYF to DOE requires learning the culture and requirements of DOE while continuing to provide services to providers and protections to children. On-line training is under development and must be implemented to train providers in the Administration of Medication requirements for child care providers. There has been an increase in the number of new applicants seeking to become licensed, as provisions of the CCDBG require previously exempt providers to become licensed to continue to receive Purchase of Care funding, and in order to access the state's tiered reimbursement funding, child care providers must enroll in Delaware Stars. Delaware Stars requires OCCL licensure for participation. Because of the CCDBG requirements, criminal background check requirements have been expanded to include the need for out-of-state checks for many persons. This has increased the workload of child care licensing specialists as these out-of-state checks usually require repeated monitoring because the waiting period to receive out-of-state background check results can be lengthy. OCCL continues to review internal procedures to ensure regulation enforcement conformity throughout the state.

Criminal History Unit

The Criminal History Unit (CHU) moved to the Division of Management Support Services in 2019. The core responsibilities remain conducting criminal history checks and child protection registry checks for applicable persons per Delaware Code. During the 2019 summer season, youth camp employees and volunteers were either fingerprinted for a Delaware State Bureau of Investigation and federal FBI check, or they completed a signed consent to have a name-based criminal record check completed by the DE Justice Information System (DELJIS). Both types of background checks included a Child Protection Registry check completed by the DSCYF's CHU. A DELJIS contractor completed 3,161 name-based criminal background checks while CHU completed 483 fingerprint based checks and 3,644 Child Protection Registry checks for 170 camps for children ages 5–17. To date, there are 176 youth camps registered for checks in 2020.

In 2019, the CHU conducted 9,929 fingerprinted background checks for those who work at child-serving entities in DE and 71,058 child protection registry checks for those who work at child-serving entities and health care entities. The background checks and child protection registry checks are mandated under Delaware and federal Code. The laws require persons seeking employment who have unsupervised access to children and adults to have a background check and child protection registry check completed prior to employment or during a conditional period of employment. In addition, foster, respite, adoptive parents and their household members 18 years or older must have a background check prior to approval or during a period of provisional approval with the department or contracted providers.

Division of Prevention and Behavioral Health Services (DPBHS)

The Division of Prevention and Behavioral Health Services' mission is to develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral healthcare system. DPBHS prevention and early intervention programs promote safe and healthy children, nurture families and communities, support social and academic success, and improve early identification of needs for children and youth (through age 17) with behavioral health concerns. DPBHS' service continuum includes a range of prevention programs and campaigns, early intervention services, treatment services, and care coordination supports designed to promote resiliency and well-being. Service options have varying intensity levels to meet the needs of children, youth, and their families.

Population Statistics

During CY2019, DPBHS and/or their contracted providers worked with approximately 16,000 youth and their families. DPBHS is committed to providing services within a child-centered and family-driven system-of-care framework. DPBHS understands that children and youth often experience, witness, or are affected by traumatic events; therefore, DPBHS strives to deliver services in a trauma-informed manner that respects each individual's journey.

Accomplishments

DPBHS continues to offer services in several domains including prevention and early intervention services, community-based services and residential services with a trauma-informed approach. More detailed information pertaining to these areas is included in subsequent paragraphs. During FY2019, DPBHS focused on training, administration and quality services provided to children and their families in prevention, early intervention, and treatment functions.

DPBHS has revised its structure to better support all Divisions regarding mental health challenges and to be in alignment with the Delaware Statewide Trauma Informed Care Initiative. The Division continues to expand wraparound support services to include more youth with co-occurring mental health and developmental and/or intellectual disabilities. In addition, services continue to expand through school based collaborations.

Prevention efforts included the expansion of substance use prevention services, the Promoting Safe and Stable Families program, and Fatherhood Services. The expansion efforts continue to integrating the programs more effectively into the local neighborhoods and communities, thereby preventing vulnerable families from entering DFS services. DPBH is collaborating with community partners Division of Social Services, DOE, United Way of Delaware and the Wilmington Community Advisory Council to continue providing staff of afterschool and summer programs training on Trauma-Informed Care and Early Identification and Referral Process for behavioral health supports. These services provide supervision and meaningful, structured activities for children and youth after school and early evening hours as well as throughout the summer season.

Prevention added FLYOGI, a structured Yoga and Mindfulness curriculum, to support at risk youth. Sessions were offered in 6 community centers in Wilmington that participated in the trauma trainings offered by DPBHS and DOE. The yoga groups are designed to serve up to 15 youth per session. Youth are encouraged to complete the entire group series which may last 6-8 weeks. The program is designed to develop healthy coping and life skills in addition to techniques to support

their management of anxiety, depression and self-control. Yoga empowers individuals, providing them with real-world tools they can use anytime, anywhere on their own because yoga postures and breathing exercises are readily accessible when a therapist or support person isn't. The program concluded in September 2019.

Take Care Delaware (TCD) was implemented in partnership with law enforcement and schools to adopt a trauma-informed approach to children who have been identified at the scene of a traumatic event. The Take Care Delaware program, which has started as a pilot, operates by a police officer or emergency-care provider alerting a child's school about the child's presence at a traumatic event that the police officer or emergency-care provider responded to. The Take Care Delaware program is based on the national "Handle With Care" model and includes training and other best practices for law enforcement and schools to prevent and mitigate the negative impact of childhood exposure to trauma. The pilot started in Smyrna School District in September 2019. Plan is for PBHS to expand the program to other school districts over the course of this school year.

DPBHS is expanding peer services. Family Peer Services are available to parents of children with a behavioral health diagnosis. Services are provided by caregivers with personal experience parenting a child with behavioral health challenges. Family Peers offer assistance in navigating the child-serving systems while providing needed support and guidance to struggling caregivers. Family Peers receive training and there is a certification process. DPBHS is also developing Youth Peers and programming through grant funds. These services include a continuum of services in which young adults will offer support, advocacy and guide young people who have a mental health and/or substance use disorder to develop or enhance skills to gain self-sufficiency and to be successful in their recovery.

DPBHS started a Youth MOVE Chapter. Youth MOVE National is a youth-driven, chapter-based organization dedicated to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. Members of Youth MOVE National work as a diverse collective to unite the voices and causes of youth while raising awareness around youth issues. They advocate for youth rights and voice in mental health and the other systems that serve them, empowering youth to be as equal partners in the process of change. Delaware's application was accepted June 2019. The chapter will be called Youth MOVE First State.

DPBHS joined the Dual Generation Center at Stubbs Elementary School. The Dual Generation Center is a partnership between the State of Delaware and the Christina School District. The Dual Gen Center opened in the fall of 2019. The center serves children and families in the Stubbs school and community, with services available to their families provided by both the state and the nonprofit sector. The Center offers opportunities for adults in parenting skills, literacy, financial education, GED preparation and job training. The Center will also house state services from the DHSS, the Department of Labor, and DSCYF. DPBHS will offer various services at the Center.

Through SABG (Substance Abuse Block Grant), DPBHS was able to expand the Extended Hours Safe Haven Programs to include 3 more months. The program will now run until the end of December. Extended hours funding allows community centers in our most vulnerable

neighborhoods to provide programming later into the evening hours to provide a safe place for youth to learn and socialize. Programs will be provided from June through December.

In FY2019, more than 4,000 children benefited from the Early Childhood Mental Health Consultation (ECMHC) service. Services were provided to 167 programs (licensed child care centers, large family and family child care programs) of which 51 were in the City of Wilmington. There are currently 14 Early Childhood Mental Health Consultants providing key services statewide to early care and learning programs (8 NCC, 3 KC, and 3 SC) with bi-lingual capacity in each county. The ECMHCs are all clinically licensed early childhood mental health specialists. The service continues to see a high success rate in preventing preschool expulsions/suspensions based on child-specific consultation. During this service year there was a 98.3% success rate in avoiding suspensions/expulsions. In addition to the direct classroom work with teaching staff, the ECMHCs conducted a number of trainings for teaching staff across early learning programs. They provided 159 individual trainings impacting close to 500 early learning professionals (childcare classroom teachers, assistants and administrators).

The Middle School Behavioral Health Consultation (MSBHC) Program is a voluntary school-based program managed by the Delaware Children's Department, Division of Prevention and Behavioral Health Services in partnership with the Delaware Department of Education. Contractual Licensed Mental Health Providers are available to several middle schools across the State of Delaware and assist with identifying youth at risk, provide mental health and crisis screenings and facilitate a range of brief interventions designed to remove barriers to academic and social success. The program focuses on enhancing collaboration among state agencies and communities to meet the needs of participating children and their families. There are currently thirty Middle School Behavioral Health Consultants providing key services statewide to middle school youth enrolled in grades 5-8. The MSBHCs are all clinically licensed mental health providers. In FY2019, a total of 681 active children received MSBHC services. In an attempt to address the needs of these active cases, a total of 16,749 MSBHC service related consultations (e.g., brief interventions including but not limited to individual counseling, supportive counseling, family counseling, mental health screening, group counseling, educational consultation, case management services, etc.) were completed on their behalf. Conversely, 24,208 MSBHC brief consultations (e.g., psycho-educational trainings, class observations, administrative consultations, teacher consultations, brief meetings with youth and families not on caseloads, etc.) were completed for non-case consumers (e.g., students not formally on MSBBHC caseload, teachers, administrators, parents, educational staff, etc.). Taken together, the MSBHC completed a total of 40,957 consultations statewide, across 30 middle schools, during FY2019. Additional services were developed for children and youth with disabilities.

Autism Delaware

Autism Delaware provides Family Peer Support Services and Indirect Support Service Groups to families of children with behavioral health challenges who require emotional support, advocacy, and/or resources/information related to their children's behavioral health conditions, particularly related to Autism Spectrum Disorder (ASD).

Delaware Network for Excellence in Autism

The Delaware Network for Excellence in Autism (DNEA) provides training, coaching and technical

assistance to DSCYF and its partner agencies. The DNEA initially began its work by offering ASD-related training to DSCYF staff followed by providing training, technical assistance, and coaching to DPBHS' Mobile Response and Stabilization Services (MRSS) staff in order to equip them with the strategies and tools needed to work with children with ASD and their families.

Easterseals Delaware & Maryland's and Eastern Shore

Easterseals will provide respite care services (temporary breaks) to caregivers in order to support and maintain the primary caregiving relationship. The goal of the respite program is to help families in the target population find and fund respite services by developing a voucher program to pay respite providers. Respite providers are chosen by the caregiver, and respite is able to be provided in the home or in a community group setting.

Barriers and Challenges

DPBHS encountered a few barriers and challenges throughout the past year. DPBHS implemented multiple positive changes over the past year. These changes include both system changes and changes in philosophy that are occurring within such a short period of time. As expected with any significant change, the organization continues to be faced with some anticipated natural resistance from staff members who are in a phase of adjustment while learning about, navigating, and becoming accustomed to said changes. As a result, the Division continues to provide support and additional training to help alleviate concerns resulting from this process. It is understood the process takes time and may require modifications.

A second challenge to DPBHS as well as to other Divisions in DSCYF is filling service gaps. Youth who are receiving services from multiple divisions are not always placed in the least restrictive setting due to the lack of appropriate housing options and treatment services to meet their needs.

One additional challenge includes maintaining a strong staff of treatment providers to serve youth with co-occurring mental health issues and substance use disorders. It is difficult to find staff members who have received formal training in both areas. With the rising epidemic of substance use disorders (particularly opioids), the Division is committed to continuing to recruit and retain highly qualified staff to address this serious issue.

Furthermore, DPBHS focused efforts to better align with Division of Medicaid and Medical Assistance for the purpose of aiding in smoother transitions into adulthood for children and youth. Aligning practices support the notion that the Divisions are not two separate systems, but instead provide overlapping services to the state's persons in need.

Priorities for the Coming Year

DPBHS will focus on children and youth with co-occurring intellectual and/or developmental disabilities and mental/behavioral health difficulties, children transitioning out of care, between services, or into the adult system, and children who are experiencing mental/behavioral health challenges within the school setting.

Furthermore, as mentioned earlier, DPBHS has introduced several new evidence based practices (EBP) over the past fiscal year. The Division plans to continue to track outcomes for the EBPs in order to evaluate the fidelity and the positive impact that they have made on our children and their

families as well as our system as a whole as they continue to grow and expand. DPBHS plans to continue the cultivation of a wraparound-informed system of care among its staff members and contractors to meet the needs of children and families in Delaware.

DPBHS Promoting Safe and Stable Families Program (PSSF)

DPBHS' Promoting Safe and Stable Families Program continues to combine Title IV-B subpart 2, Family Support and Family Preservation funds to provide a continuum of community-based consultation and case management services. The primary functions are to support communities in the development and implementation of services that help children and families remain safely intact within the community. The program model builds on family strengths and protective factors to increase family stability and strengthen capacity to meet their own needs. Building informal supports and focusing on early intervention prevents child maltreatment and enhances well-being of children and families. The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) uses universal, targeted and indicated prevention strategies to reduce occurrences of child maltreatment by addressing four associated risk factors: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress. The consultation process requires the support of a family support team made up of both formal and informal supports identified by the family.

The goals of PSSFCS are:

1. Reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services.
2. Build family skills and strengthen family functioning.
3. Reduce the risk of child maltreatment and out of home placement.

FY2019 Service Data

Contracted providers served approximately 395 families, 503 adults and 829 children and youth. Two hundred twenty-two families successfully completed the consultation process by meeting two family goals on their Family Assessment and Intervention Plan.

Of 222 family participants completing the pre and post Family Stressor and Resources Assessment index (FSRA) rating, 91% indicated a reduction of caregiver stress, and increased confidence in their family's ability to assess their own needs. There were 1,334 individuals successfully connected to community resources during the reporting period.

Satisfaction Surveys assess participants' view of three program components: site environment, participant skill building and consultant competencies. Of 149 survey responses for FY2019, 100% strongly agreed that the environment of the program is respectful and welcoming with hours that meet the community needs; 99% strongly agree or agree they were able to successfully identify and address family immediate concerns; and 99% strongly agreed or agreed the consultant demonstrated competency in the delivery of the consultation process. Ninety-nine percent agreed the consultation empowered their families to achieve their goals. Seventy-three percent report increased confidence in their family's ability to accomplish family goals.

PSSF Collaborations and Partnerships

Family success is supported by formal and informal services and agencies. Providers maintain county specific collaborative links with community services providers. Collaborations are described in several categories:

Community Services
Ministry of Caring, Joseph's Pantry at Congregation Beth Emeth, Clothing Bank of DE, God Way Thrift Store, Joy of Hope, American Legion Delaware, St. Vincent De Paul Society, Holmes, James Parker Food Outreach Program, Community Partners, Dover Rival Miracle Center, Catholic Charities, First State Community Action Agency Emergency Services, Catholic Charities, Child Inc., Family Promise, Children Families First, Jewish Family Services of Delaware, First State Community Action Agency Re-entry Program, Delaware Health and Social Services Division of Child Support Service-Fatherhood Program statewide, Connection Community Base Services, Rose Hill Community Center Extended Hours Program, State of Delaware Social Service-Statewide, DSS Adopt-A-Family, Community Resource Center, Open Arms Adoption, DVR-Individuals with Disabilities, GM Country Club, LLC, Blended Families, AIDS Delaware, De La Warr State Service Center, Capitol Park Community Center, Life By Design Coaching Firm, Fulton Bank
Children and Education Support Services Collaborations
Child Development Watch, Crossroad Christian Church, Christian Daycare, Project LAUNCH, Thomas Edison Charter School, Central Middle School, Stanton Middle School, Stubs Elementary School, Brandywine Shue Medill Middle School, Parent As Teachers, JCC Early Childhood Center, Delaware Adolescent Initiative, Family and Centers Empowered Together, Ameri- Health- Mission- GED Program, Fathers Supporting Fathers, Delaware Adolescent Initiative, Connecting Generations, I Matter Inc., Shortlidge Elementary, Warner Elementary, Richey Elementary School, Highland Elementary School, Parent Information Center (PIC), Communities in School (CIS), University of Delaware 4H Afterschool programs, Delaware State University, Academy of Dover elementary, DPBHS-Families and Center Empowered Together
Emergency Services, Housing and Shelter Partnerships
Sojourners, Friendship House, St. Patrick's Center, Shepherd Place, Conly West Apartment, Village at McKee Branch, , Clearfield Apartment, The Laurels, Smyrna Gardens Associates LP, Young's Realty, East Atlantic Apartments, Lakewood Mobile Home Park, Little Creek Apartments, DE Housing Alliance – Centralized Intake Committee, DE Housing Stabilization Program, Delaware Housing Authority, Little Creek Apartments, Lakewood Mobile Home Park, East Atlantic Apartments
Utility Partnerships
Chesapeake Utilities, Del Marva Power
City and County Partnerships

Town of Clayton, City of Dover, Delaware Family Court, Delaware Center for Justice, Wilmington Council –Play Street Collaboration and P.O.W.E.R, Wilmington Urban League Young Professionals, Wilmington Police Department, Wilmington Senior Center, Dover Police Department
Health Care Collaborations
Henrietta Johnson, Westside Medical Center, Christian Care Wilmington Hospital-Community Outreach-Boot Camp for Dads and Moms, Wilmington Teen Pregnancy Council, Champions for Children’s Mental Health, Holistic Elevations, Bay Health, Actualized Holistic Wellness, LLC
Faith-Based Collaborations
Canaan Benevolence, International Ministry Council, Christian Love Worship Cathedral, Worship Center Delaware, New Life Christian Outreach,
Employment –Training Partnerships
Randstad Staffing Agency, Interfaith Veterans Workgroup, Smith Consulting Services, Inc., Career Team

Barriers and Challenges

PSSF encountered barriers and challenges during the report period. Provider monitoring visits found all sites in substantial conformity, however there are challenges with FOCUS. While the DPBHS FOCUS liaison continues to assist staff, provider profiles limit data entry in some areas. Agency and provider staff turnover presents challenges in service delivery. Provider vacancies are covered by the agency, but sites generally experience a decline in service during family consultant vacancies.

Priorities for the coming year

PSSF will maintain its FOCUS implementation team to address user profiles and system functions. Provider designees will receive supervisory training to support site specific performance data. PSSF staff will assist service providers with staff vacancy planning. PSSF will improve service outcome reporting. During the upcoming year the program will explore restructuring the family consultation process. The program will sustain community collaborations.

Delaware Fatherhood and Family Coalition

PSSF’s Delaware Fatherhood and Family Coalition (DFFC) builds upon community and organizational partnerships to strengthen fathers’ involvement in their children’s lives. The DFFC recognizes individuals, grass-root organizations, and organizations that have notable achievements in the area of fatherhood. The 2019 DFFC Fatherhood Recognition Ceremony community awards were:

- DFFC Leadership-Pioneer Award recognizes a visionary, a creator, mentor, and contributor to the community.
- DFFC Commitment Award recognizes an unsung hero for their work supporting families and inspiring change in fatherhood, healthy adult relationships and coalition building.
- DFFC Distinguished Member Award recognizes a volunteer serving the community.
- DFFC Community Award recognizes someone making a positive impact to the community by participating in initiatives that connect parents and children through public policies and service practices.

- Star Dads Award recognizes a father making a unique contribution to the well-being of children, family and community.

There were 242 attendees at the Fatherhood Recognition Award Ceremony; 103 surveys rated materials, space, location and organization above 90% satisfaction. Exhibits were rated excellent by 80% of attendees. Seventy-five percent rated the on-line registration process as excellent. Eighty-nine percent of attendees found the keynote presentation to be excellent. Ninety-four percent found the quality of the information presented to be excellent. Ninety percent of attendees found the presentation relevant to their personal and family growth and were very satisfied.

Barriers and Challenges

A statewide coordinator focusing on solidifying a self-sustaining, self-determining coalition would promote fatherhood initiatives, goals and service delivery. The DFFC has been challenged by the 2020 pandemic to broaden use of virtual platforms but the practice has benefits that could continue beyond the state of emergency.

Priorities for the Coming Year

The program team will explore funding for a statewide coordinator position. The fatherhood initiative will sustain its volunteer marketing team to support increased visibility statewide. Finally, the initiative will refine its process for managing the collection and reporting of service data.

K-5 Early Intervention Program

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and DOE. EIP provides services to students displaying behavioral problems that impede their learning processes, or the learning process of others. The Early Intervention Program was created in 1995 through collaboration between Department Secretaries, the Legislative Joint Finance Committee, and then Governor Carper. The program started with 9 Family Crisis Therapists (FCT) and currently employs 54 FCTs.

EIP targets children who exhibit behavioral, academic, social, or mental health problems that, unless appropriately addressed at an early stage, can manifest through early failures in school into other more serious social and/or emotional developmental issues and potentially lead to early onset conduct disorder. These children often experience early incidents of delinquency and can potentially begin a lifetime cycle of failure. If these problems are not addressed early, children and their families are likely to require more intensive and expensive interventions later in the life cycle and continue to the deeper-end services of DSCYF.

Fifty-four FCTs from DSCYF are assigned to designated elementary schools in fifteen school districts and seven charter schools throughout the state. The EIP is a voluntary program for parents/caregivers. Referrals are made by principals, teachers, guidance counselors, nurses, and other school staff. A typical caseload of an FCT is 15 to 17 children/families. From January 2019 through December 2019, caseload size averaged 15 cases per FCT.

EIP's holistic approach is uniquely different from traditional guidance or school counselors. FCTs work with students' entire families, including parents/guardians and siblings. In many instances,

FCTs work with families to address basic needs and/or crisis issues, e.g., preventing the electric from being shut off, thus enabling them to focus on the emotional, academic, and social needs of the child(ren).

The goals of the EIP are to “Help Parents Help their Children” improve student behavior in the home and school, improve school and parent relationships, and empower parents to become self-sufficient in seeking services for their families. Survey results show 98% of parents were satisfied with the improvements in the behavior(s) for which their child was referred, 97% of parents found the program useful in helping them cope with their child’s negative behaviors, and 98% of parents found the program useful in helping them work with their child’s teacher and school. Ninety-nine percent of parents would recommend EIP to others.

All children and families are evaluated (including a trauma screen) and then an intervention plan is developed with the family. The FCTs provide support, parenting skills, child self-control skills and help the family connect with community resources.

EIP keeps statistics on number of staff, location, children and families served, cases, contacts and services:

Statistics by CY	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016	January 2017 to December 2017	January 2018 to December 2018	January 2019 to December 2019
# FCTs	average # of FCTS= 51	average # of FCTS= 51	average # of FCTS= 52	average # of FCTS=52	average # of FCTS=52	average # of FCTS=52
# of vacancies	5	6	7	8	7	9
# Schools	53	53	54	54	54	54
# Districts	14	14	14	15	15	15
# Public Schools	48	49	50	47	47	47
# Charter Schools	5	4	4	7	7	7
# New Cases	535	566	565	563	480	528
# Ave Cases/Month	15	16	17	16	*15	15

Statistics by CY	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016	January 2017 to December 2017	January 2018 to December 2018	January 2019 to December 2019
# Ave Students/Month	35	38	34	33	31	32
# Ave Adults/Month	26	28	26	24	22	25
	Total for 12 months	Total for 12 months	Total for 12 months	Total for 12 months	Total for 12 months	Total for 12 months
# Ave Non Caseload Students/Month Total	18/11,106	28/12,211	22/13,379	21/13,082	19/11,973	20/12,112
# Ave Non Caseload Adults/Month Total	7/4,151	7/4,513	7/4,141	7//4,054	6/3,533	6/3,948
# Ave Home Visits/Month Total	15/9,106	10/6,338	11/6,760	12/7,542	10/6,052	10/6,385
# Ave Office Visits/Month Total	13/7,429	8/4,940	10/5,969	11/6,698	9/5,693	8/4,947
# Ave Individual Counseling Sessions/Month Total	129/77,164	66/40,290	76/46,993	72/44,703	50/31,031	69/42,986
# Ave Groups, Large And	19/11,219	19/11,918	23/14,375	28/17,436	21/12,888	32/19,653

Statistics by CY	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016	January 2017 to December 2017	January 2018 to December 2018	January 2019 to December 2019
Small/Month Total						
# Ave Family Counseling Sessions/Month Total	15/8,886	16/9,798	21/12,896	26/16,063	21/12,888	31/19,410

*From January 2017 through August 2017 caseload size was 17-20 cases. From September 2017 through December 2017 caseload size was 15-17 cases.

During January 2019 to December 2019 K-5, the Early Intervention FCTs partnered with numerous community-based services, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, medical centers, and mental health providers for children and adults. These services include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and childcare providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional. Through a partnership with the Nemours Foundation in 2011 and 2012, EIP became certified providers of “Triple P” Positive Parenting Practices parenting program. FCTs have 2 of the top 3 nationally ranked empirically validated programs available for DE families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

The K-5 Early Intervention Program has identified 5 priorities that have the most effect on family success:

- Contact with the child at the school. Each caseload child is seen individually 4 times each month.
- Parent engagement. Parents from each family are seen at home once each month and at school once each month.
- Communication with the school. FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FCT, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

Family Informed Resource Support Team (FIRST)

FIRST, (Family Informed Resource Support Team), strives to develop creative child-centered, family-focused, community-based individualized service plans based on family strengths and needs. FIRST strengthens inter-divisional knowledge and collaboration and builds best practice skills in family and youth engagement. FIRST meetings support the goals of youth and families by connecting them to individualized supports and services promoting family preservation or the least restrictive setting possible. Meeting structure values family engagement and empowerment in case planning and decision-making. FIRST aims to:

- Increase family capacity to meet youth needs within the family system with community-based supports.
- Improve overall youth well-being, stability, self-sufficiency, and efficacy.
- Prevent youth from entering deeper end services.

Youth must be active (within the last 30 days) with treatment in at least two divisions and/or youth at risk of out of state placement. Division workers can refer youth they feel would benefit from community-based supports or are considered at-risk of multi-divisional involvement or placement. Parent/custodian must agree to participate in the FIRST process.

Key Practice Elements:

- FIRST is a collaborative decision-making process.
- Multi-divisional meetings with representatives from all active divisions present.
- A dedicated facilitator leads the team meeting.
- Includes parents, youth, extended family members and interested service providers together with department staff.
- Custodial parent or legal guardian participation is mandatory.
- Youth participation is expected; if unable to be present, the use of practice tools to represent their voice is encouraged.
- The team identifies and creates a plan for individualized, community-based services.

Accomplishments, January 2019-December 2019

In May of 2019, the Office of Case Management hired a full-time FIRST coordinator, replacing a contracted position. This establishes FIRST as a unit with a long-term mission. In July of 2019, three full-time merit career-ladder positions were approved to replace the current part-time casual/seasonal community resource specialist positions. FIRST believes that having these new positions will stabilize the FIRST team, allowing for professional growth and skills development of staff within their role. In addition to investing in the FIRST team's stability, the department also approved FIRST funding for contractual resources. This additional funding increases access to community resources for FIRST families.

The FIRST team has connected 65 youth and their families to 186 services and supports to address their identified individual needs. Seventy-five percent of services were free/no fee and 24% of services were fee-based funded by DSCYF or an external agency. FIRST targets free services within the community to create long-term opportunities for youth to explore after DSCYF is no longer involved with the family. Each family received a Recommended Services Report, containing program and contact information for local agencies in their community. FIRST schedules meetings at a date/time/location convenient for the family. Eight-seven percent of FIRST referral interviews were conducted in the family residence and 12% were conducted in a professional setting. Overall,

74% of FIRST meetings were held in the family residence and 13% were held in a school or community-based location. Community-based locations such as the local library were primarily chosen by families that did not have the capacity to host a large group of meeting participants in their residence. Youth participation is a parent/guardian decision. The majority of parents/guardians chose not to include children under the age of 12. Youth, ages 12–18, had an 89% attendance rate. The FIRST process also strengthens interdivisional knowledge and collaboration. Ninety percent of DPBHS and 72% of DFS caseworkers participated in FIRST meetings and process.

Challenges

With the FIRST program going through a number of transitions this year, the program's enrollment rate decreased. However, by the close of 2019 our program was fully staffed and increased enrollments by 15%. The FIRST team continues to explore and test methods and ideas to increase to the targeted 70% enrollment rate. Worker referrals generate a 70% family enrollment rate. The FIRST coordinator plans to provide presentations about FIRST to all of the divisions to increase awareness and divisional referrals. Limited community-based resources for specific categories (mentor, childcare for older youth, respite and transportation) cannot support family needs. The collective team works together to identify work around solutions to these barriers.

Priorities for the Coming Year

FIRST continues to review and expand eligibility criteria to enhance the team's ability to support Department-involved youth and families. Planning includes youth returning from residential programs and youth experiencing a disruption in their foster care placement and are at risk of future disruptions. FIRST will also focus on strengthening data collection and integrating FIRST activities into FOCUS.

FIRST plans to evaluate the outcomes reporting process to increase post-process responses from families and improve on the measurement of key performance indicators. FIRST will coordinate with the Department's Continuous Quality Improvement Unit to assist with tracking and reporting of outcomes and to review and modify the current outcomes survey and review process.

Division of Youth Rehabilitative Services (DYRS)

The Division of Youth Rehabilitative Services is the lead juvenile justice agency that serves youth court ordered to agency supervision through the judicial system. DYRS is responsible for assessing the needs of youth and collaborating with their families, schools, and support systems to develop plans that address the factors that contribute to a youth's risk for delinquency. Title 31 Chapter 51 assigns the Division of Youth Rehabilitative Services with the rights and responsibilities associated with the day-to-day care of juveniles committed to DYRS by the Court, including the right to the care, custody, and control of the juvenile. The mission of DYRS is to guide youth involved in juvenile justice to a successful future and to support public safety.

DYRS provides services and supervision to youth through a variety of program areas. Civil Citation diverts low-risk youth from system contact as a pre-arrest diversion program. Probation through contracted provider supervision serves low risk youth by addressing their needs. Community services supervision with a probation officer provides intensive supervision to youth with moderate to high-risk scores and offers services to reduce overall risk to recidivate. Level IV staff-secure

services at Grace, Snowden and Mowlds Cottages are for short-term residential stays. Level V secure care services at Ferris School offers longer-term residential programming to youth with high risk and high needs. DYRS maintains contracts with community based providers to supplement services to address the needs of youth placed under supervision. For youth with specialized residential needs, the Division maintains residential contracts. In addition to these post-adjudicated services, DYRS provides pretrial supervision to youth in the community. In addition, DYRS has two detention facilities that serve youth placed in detention.

Population Statistics

During CY2019, DYRS and/or their contracted providers worked with 1,595 youth and their families. The Juvenile Civil Citation program received 507 referrals during CY2019. This is an increase of 160 youth over CY2018 and the program has a successful completion rate of 82% for CY2019.

Low risk youth, identified by the Division's assessment tool, are referred to contracted providers who monitor their conditions of probation and address their criminogenic needs. Referral to these resources allows DYRS to embrace best practices of diverting low risk youth away from system involvement. In CY2019, 388 youth were served through these contracted resources. The average length of service was 132 days.

There were 681 youth served through detention supervision during CY2019. This number may include youth detained more than once over the course of the year. The average length of stay (LOS) was 28 days. Males accounted for 82% of detained youth.

The Residential Alternatives to Detention (RAD) served 275 youth in CY2019 with an average LOS of 15 days. Youth served through RAD are able to attend their home school and continue with community-based treatment.

In CY2019, 142 youth were served through residential placement after adjudication. Ferris School served 47 youth with an average LOS of 187 days. Grace Cottage served 11 youth with an average LOS of 90 days, Snowden Cottage served 43 youth with an average LOS of 81 days and Mowlds Cottage served 41 youth with an average LOS of 87 days.

Accomplishments

During SFY2019, DYRS continued to work with the Office of Juvenile Justice and Delinquency Prevention Second Chance Act grant. The grant continued efforts to implement a specialized assessment tool, and provided training in evidence based services. The Division continues to work towards providing an accessible dashboard to highlight key performance measures. In CY2019, DYRS trained community services staff on the new modified assessment tool and finalized the plan for implementation of the new assessment tool for youth in residential facilities. The contracted Civil Citation position was converted to a full-time employee. Shifting from a contractual position ensures that the Civil Citation program will continue. Finally, DYRS began to implement the recommendations from the Probation System Review completed by the Robert F. Kennedy National Resource Center (RFK). DYRS will continue to use the information identified in the final report to guide system changes and strengthen practices.

Barriers and Challenges

Limiting staff turnover continues to be a challenge for the Division. Job fairs are successful but high staff turnover limits capacity to build skills of existing staff. As low risk youth are diverted away from the system in alignment with best practice, the Division finds itself needing to plan for more high needs youth that require specialized case planning. These youth have intense criminogenic needs and mental health and substance abuse needs. Accessing services in the best interests of a youth's individual situation can be complicated through the adjudicatory process. Additionally, the number of youth who are committed to secure detention with mental health issues remains high. The Division will continue to work on partnerships that can help reduce the barriers to accessing treatment for youth without needing to further deep end youth to gain the service.

Collaborative Efforts

DYRS will continue to work collaboratively with system partners from the Family Court, Department of Justice, and Office of Defense Services to implement system changes. Members of DYRS will continue to serve on various committees throughout the state to focus on justice reform efforts to enhance family involvement, ease system barriers, and address the high risk youth. Finally, DYRS routinely collaborates with DFS regarding policy and practice, and staff from both divisions work in tandem on shared cases. The Division is represented on the Integrated Child Welfare Planning Collaborative.

Priorities for the Coming Year

The priorities for the coming year include finalizing updates and revisions to the new customized risk assessment tool that was implemented in CY2019. In addition, the Division collaborated with DSCYF sister divisions to conduct a review of Dual Status Youth through the Robert F. Kennedy National Resource Center (RFK). The framework of this review is similar to the Probation Systems Review that RFK completed in CY2018. Included within the target population for the review are Commercially Sexually Exploited Children (CSEC). The goal of this review is to create a departmental response to the target population and prevent youth from moving further in to the juvenile justice system. Also, the Division secured temporary funding for a Diversion Coordinator. The Diversion Coordinator reviews all juvenile arrests and identifies youth who may be eligible for diversion from the formal court process. With the addition of the Diversion Coordinator, YRS seeks to provide alternatives to adjudication for appropriate youth.

Community Partners

Delaware Head Start Collaboration Office

The Delaware Head Start Collaboration Office (HSCO) is located in the Department of Education- Office of Early Learning. The Office of Head Start (Administration for Children and Families-Health and Human Services) supports a HSCO Director in each state. The HSCO Director supports the federal Head Start grantees in the state by acting as a liaison to state departments and community partners as well as to the Office of Head Start at the federal level and the Regional office.

Delaware has five Head Start grantees located statewide. The estimated total funded enrollment for 2019 was 2,100 (birth to age 5). Head Start programs provide comprehensive services (health, nutrition, family engagement, education) in a part/full day and part/full year format. One of the

grantees is an Early Head Start-Child Care Partnership which is a child care program following Head Start guidelines for infants and toddlers.

The HSCO Director joined the Integrated Child Welfare Planning Collaborative in 2019 to represent Head Start and the early learning community to provide a context for the importance of early childhood development as it impacts child welfare. Along with the other community partners in the Collaborative it became apparent that issues like preschool suspension and expulsion can be indicators linked to child welfare. The HSCO Director also serves as the point of contact for the Office of Head Start directives that specifically address child welfare such as: <http://hsicc.cmail20.com/t/ViewEmail/j/7B35BE0ADA63995D2540EF23F30FEDED/68312270D9CE5926DC9454293137CA2>

By joining the Integrated Child Welfare Planning Collaborative, the HSCO Director has made new connections that will support Head Start grantees in providing information and resources. The HSCO Director has also recommended participation by other Department of Education staff, in particular, the Equity Design Team Education Associate to provide an equity lens to this work.

The Collaborative seeks to provide a streamlined child welfare service continuum for Delaware in collaboration with state departments and community partners.

Office of the Child Advocate

The Office of the Child Advocate is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA was created in 1999 in response to numerous child deaths in Delaware resulting from child abuse. These cases pointed to deficiencies in the child protection system that could only be remedied through the collaborative efforts of Delaware's many child welfare agencies. The General Assembly determined that an office to oversee these efforts, staff the Child Protection Accountability Commission and provide legal representation on behalf of Delaware's dependent, neglected, and abused children was necessary. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate Program; to periodically review all relevant child welfare policies and procedures with a view toward improving the lives of children; recommend changes in procedures for investigating and overseeing the welfare of children; to assist the Office of the Investigation Coordinator in accomplishing its goals; to assist CPAC in investigating and reviewing deaths and near deaths of abused and neglected children; to develop and provide training to child welfare system professionals; and to staff CPAC.

While OCA has many statutory duties, legal representation of children is a significant part of OCA's mission. OCA accomplishes its charge to represent children through the employment of four Deputy Child Advocates, seven contract Child Attorneys, a substantial and dedicated pool of CASA volunteers and volunteer Child Attorneys supervised by OCA staff, and strong partnerships with the child-serving agencies in Delaware. The CASA Program moved from Family Court to OCA on March 6, 2017. Another statutory responsibility is assisting the Office of the Investigation Coordinator in accomplishing its goals. The IC was established in the wake of Dean Ammons' independent review of the Earl Brian Bradley case. As a result of Dean Ammons' review, the Governor's Committee on the Protection of Children was established in order to address recommendations relating to multidisciplinary (MDT) collaboration and coordination. In 2013, legislation was put forth, drafted by the Committee, and ultimately championed by CPAC, creating

the Office of the Investigation Coordinator. The IC performs two mission critical functions for at-risk populations of children in Delaware: 1. Monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition; and 2. Monitoring infants with prenatal substance exposure. The IC transferred from DSCYF to OCA on April 20, 2016.

In addition to overseeing OCA, the Child Advocate serves as the Executive Director of CPAC, which is comprised of key child welfare system leaders, who meet regularly with members of the public and others, to identify system shortcomings and the ongoing need for system reform. CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and wellbeing of Delaware's abused, neglected, and dependent children. CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act (CJA) State Task Force.

During SFY2016, CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015. Then, at its meeting of October 14, 2015, CPAC ratified the Child Abuse and Neglect (CAN) Steering Committee and Child Abuse and Neglect (CAN) Panel. In addition, CPAC authorized the CAN Panel to conduct the confidential investigations and retrospective reviews on behalf of CPAC and charged the CAN Steering Committee with providing oversight of these duties. As such, all activities of the CAN Steering Committee and CAN Panel are statutorily confidential. However, the statute allows for the Commission to release system-wide recommendations arising from an investigation and review to the Governor, General Assembly and public.

The Ivyanne D.F. Davis Memorial Scholarship Fund was established in 1989 to provide scholarships for post-secondary education to Delaware youth who experienced foster care. CPAC was vested with state statutory authority to administer the Scholarship Fund in SFY2019, and funding was appropriated in SFY2020. In addition, CPAC established the Youth in Transition Committee and authorized the Committee to administer the Scholarship Fund and as requested by DFS, the Education and Training Vouchers Program.

Accomplishments, Barriers and Challenges

Legal representation of children has been a central focus of Office of the Child Advocate since 2000, and OCA provides legal representation for every child in DSCYF custody. The agency is statutorily required to coordinate a program of legal representation on behalf of children. OCA utilizes 4 full-time Deputy Child Advocates, 7 Contract Child Attorneys, 259 CASA Volunteers supervised by 10 CASA Coordinators, and 282 Volunteer Child Attorneys who are supervised by the Chief of Legal Services in the representation of the best interests of dependent, neglected, and abused children statewide. Throughout SFY2019, OCA provided legal representation to 1,038 children statewide. Five hundred seventy-one were represented by a Contract Child Attorney and CASA, 394 were represented by a Volunteer Child Attorney and 177 were represented by Deputy Child Advocates. Broken out by county, 230 children were represented in Kent throughout the fiscal year, 595 in New Castle, and 213 in Sussex.

During SFY2019, 571 children benefitted from having both a Contract Child Attorney and a CASA Volunteer working together to represent their best interests. Two hundred and thirty-two CASA Volunteers partnered with OCA's 7 Contract Child Attorneys to represent those children throughout

the fiscal year. Thirty new CASAs received training through multiple statewide sessions. Numerous hours were also spent on in-service trainings of CASAs. Of the dedicated CASA Volunteer pool, 79 had at least five years of experience. Twenty-two of the 79 volunteers had ten years or more experience. One volunteer has 22 years of service.

During SFY2019, 219 Volunteer Child Attorneys actively represented 394 children. Of those Volunteer Child Attorneys, 22 were new volunteers handling their first case. OCA's Chief of Legal Services trained 24 new attorneys in SFY2019. By the end of SFY2019, OCA had a dedicated volunteer pool of 260 attorneys, 188 of which had at least five years of experience. One hundred twenty-five volunteers had ten years of experience or more, and OCA now boasts 21 attorneys who have volunteered for at least 15 years.

To fulfill its charge of monitoring cases of alleged child abuse and neglect, the IC receives weekly and monthly data extracts from DFS, the Delaware Criminal Justice Information Center, and the Children's Advocacy Center of Delaware. All referrals are reviewed and analyzed utilizing FOCUS and DELJIS, and then opened if they fit within the purview of the IC. In SFY2019, the IC received 5,728 referrals from DFS, DELJIS and the CAC, and opened 1,971 cases to monitor. Of the 1,971 cases opened, 93% (1,823) alleged child sexual abuse, 4% (83) involved a serious physical injury to a child, and approximately 1% (33) were child deaths and 1% (32) were sex trafficking. On June 30, 2019, 1,851 cases were open in the IC database. Initiating and facilitating communication between the MDT is also a core function of the IC and improves the MDT response in these cases. All open cases are then periodically reviewed and analyzed to ensure the criminal and civil legal response and protection system has followed best practices to achieve punishment for perpetrators and legal protections for child victims. On a quarterly basis, the IC is responsible for analyzing collected data and statistics, identifying child welfare system issues and trends, providing pertinent data to CPAC and members of the MDT and making recommendations for system improvement in accordance with State and Federal law. IC participates in MDT case reviews four times per month, and began facilitating special case reviews in SFY2019. The IC also receives weekly data extracts from DFS for any infant reported to DFS for suspected prenatal substance exposure. These cases are reviewed, analyzed and monitored in the same manner as cases of alleged child abuse and neglect and entered into a separate independent database case tracking system. In SFY2019, the IC received 690 referrals of infants exposed to substances ranging from opiates to benzodiazepines.

Mandatory reporting training was provided to approximately 15,433 professionals during SFY2019. During the fiscal year, OCA staff continued to partner with DFS to provide onsite training to 306 educators and general professionals on their statutory, child abuse mandatory reporting obligations. Another 54 mental health professionals received advanced training on issues related to reporting. Additionally, online training was provided to approximately 15,073 professionals, many of whom were medical professionals, educators and other school staff.

In SFY2019, the Child Abuse and Neglect (CAN) Steering Committee met quarterly to review and approve the work of the CAN Panel. In particular, the Committee approved the retrospective reviews conducted by the CAN Panel between April 2018 and March 2019. During this period, the Panel reviewed 80 cases – 48 initials and 32 finals. For the 48 cases reviewed for the first time, there were 34 near deaths and 14 deaths that occurred between September 2017 and October 2018. The 32 remaining cases had previously been reviewed and were awaiting the completion of prosecution. The result was 264 strengths and 285 findings across six system areas. At each

quarterly Commission Meeting, CPAC Commissioners reviewed and approved the strengths and findings arising from the investigation and review of these 80 deaths and near deaths due to abuse or neglect.

Collaborative Efforts

In SFY2019, the CPAC Education Committee continued to advocate for successful educational strategies for children in foster care along with making recommendations for system improvement. The Committee established definitions for selected data from the Department of Education. Some preliminary data was also received, but the Committee is still working to ensure that the definitions and the data provided comport with the data sets to be reviewed. The data includes graduation rates, attendance, discipline, and proficiency on state tests. This Committee also monitors the dashboard report, which is a summary of student data including school placements, grades, credits, discipline, and attendance. The dashboard report is required at all dependency/neglect hearings involving school-age children experiencing foster care. In SFY2018, the Committee was tasked with consolidating and streamlining nonacademic training requirements for educators, including mandatory reporting and Erin's law. Erin's law requires child abuse prevention training for all students Pre-K through 6th grade. The Committee approved several curricula for the public schools to choose from, and developed other nonacademic trainings for educators. The Committee also formalized a training on trauma and the impact on learning, which educators can take for credit as an alternative to mandatory reporting for child abuse (as long as they have completed the child abuse reporting training). The training is a one-hour module that is available online for educators and became available at the start of the 2019-2020 school year.

To support the collection and assessment of data by CPAC, the Family Court authorized the use of federal Court Improvement Program funding to hire a contractual employee in August 2015. Since then, the CPAC Data Manager has been housed at the OCA, and supports the work of CPAC and CIP. Specifically, the Data Analyst is responsible for performing the following activities: staffing the Data Utilization Committee; planning and conducting varied statistical studies on relevant issues that impact child well-being outcomes; working with stakeholders to collect already existing data related to child welfare measures; analyzing, interpreting and identifying child welfare data trends; and ensuring that the data received and presented by CPAC is in a format that is useful in the development of informed, and evidence based, policy. To further this goal, the Data Manager has been transitioning the dashboards to an online platform to create interactive dashboards, which will feature data over a longer period. CPAC hopes to transition to this online format in the next fiscal year to Tableau, an interactive data visualization platform.

In SFY2019, the CPAC Legislative Committee continued its review of Senate Bills 209 and 210 which proposed to restructure and streamline the criminal code, including crimes against children. The Committee reviewed the changes to physical child abuse and child sexual abuse and made recommendations for action to the full Commission in August 2018. CPAC sent a letter expressing its concerns with the legislation as written and requested changes. The legislation did not move forward during SFY2019.

During the fiscal year, the Joint Committee on Substance Exposed Infants/Medically Fragile Children continued to monitor the implementation of a federal Regional Partnership Grant award to increase the well-being of and to improve the permanency outcomes for children affected by

substance abuse. It is a prenatal intervention model that will target pregnant women who are engaged in medication assisted treatment to provide wraparound, multidisciplinary services, including a home visiting nurse, peer recovery coach and parenting classes. Children & Families First is the lead agency for the grant, and the model of care is Delaware's H.O.P.E. Model – "Healthy Outcomes with Parent Engagement." In addition, the Committee participated in training webinars with the National Center on Substance Abuse and Child Welfare's and as "mentors" to other states that are in the process of implementing Plans of Safe Care protocols. As one of the first states to fully implement Plans of Safe Care, DFS Director Trenee Parker and the Committee's Co-Chair, Jen Donahue, have been invited to present at various local and national conferences on Delaware's accomplishment.

The CPAC Training Committee approved two thirty-minute, online and onsite supplemental trainings in SFY2019. Minimal Facts was developed to give professional reporters guidance on how to ask children questions that will assist them in making a clear and concise report to the DFS Report Line. In addition, a mandatory reporting refresher training was developed to give professional reporters the opportunity to refresh their knowledge on the statutory, child abuse mandatory reporting obligations. The Committee also approved a Mandated Reporter Resource Guide. The resource guide features frequently asked questions, information about making a report, the mandatory reporting law, community resources, and a handout with Minimal Fact questions and the DFS Report Line information. It is available in both English and Spanish on the OCA website.

On April 2, 2019, CPAC, with support from Family Court, DFS and other partner agencies, hosted the Protecting Delaware's Children Conference at the Dover Downs Hotel and Casino. The conference provides ongoing comprehensive training to professionals who investigate, prosecute or otherwise respond to child abuse or neglect cases involving death, serious physical injury, physical injury, human trafficking of a child, torture or sexual abuse. Over 400 professionals, including caseworkers, judges, attorneys, police officers, health care professionals and educators, attended the conference. CPAC has been hosting this multidisciplinary conference with its partner agencies since 2008 highlighting current issues and trends in child welfare that are primarily identified through retrospective reviews of child abuse deaths and near deaths. The conference featured two keynote speakers and 14 workshops on topics including childhood sexual abuse, investigating child homicide cases, social media, positive parenting interventions, infants with prenatal substance exposure, domestic violence, trauma-responsive approaches, commercial sexual exploitation, and child welfare caseloads. Two Outstanding Performance Awards were presented at the conference to a team from the Division of Family Services and an individual from the child welfare community. The first award, Child Welfare Professional of the Year, was for an individual who has positively impacted children and families in Delaware, and the award was presented to Detective Brad Cordrey from the Georgetown Police Department. The second award was presented to the DFS Unit that has demonstrated excellence and outstanding performance. The award recipient was the New Castle County Serious Injury/Sexual Abuse Unit, which is led by Supervisor Jaime Zebroski. The unit members are as follows: Victoria Casper, Abigail Leary, Amberlyn Lowry, Kaela Mason, Amanda Pedicone and Jason Welding.

Additionally, CPAC facilitated two training sessions for the MDT on the ChildFirst® Forensic Interview Protocol. The first training session was a one-hour presentation on the history of the ChildFirst® Protocol to 31 representatives of the MDT on October 22, 2019. The training was facilitated by national child abuse expert, Victor Vieth, from the Zero Abuse Project. As a result of

this discussion, at its November 2019 meeting, CPAC Commissioners voted in favor of using the ChildFirst® protocol and becoming a ChildFirst® state. The second training opportunity was a two-day in-person training with national child abuse expert, Rita Farrell, from the Zero Abuse Project on January 8-9, 2020. Ms. Farrell provided approximately 16 multidisciplinary team members with an overview of the ChildFirst® Forensic Interview Protocol and conducted an in-depth discussion on topics such as recantation and reluctant children in child sexual abuse cases.

Priorities for Coming Year

Over the next year, CPAC, through its various committees, will maintain many of its current initiatives, including: improvement of educational outcomes for children in foster care; various legislative initiatives; infants with prenatal substance exposure and their families; mandatory reporting of child abuse; transition to Tableau to present the system-wide child welfare trends over a longer time period; review of deaths or near deaths of abused or neglected children; and ongoing comprehensive training for those who investigate, prosecute or otherwise respond to reports of child sexual abuse, death and near death cases. Finally, CPAC will strive to foster the collaborative relationships between its child welfare partners to ensure safety, well-being and permanency for all children in Delaware's child protection system.

Links to Annual Reports

CPAC Annual Report: <https://courts.delaware.gov/forms/download.aspx?id=118118>

OCA Annual Report: <https://courts.delaware.gov/forms/download.aspx?id=119368>

CJA Annual Report and Grant Application:

<https://courts.delaware.gov/childadvocate/docs/2019-CJA-Application.pdf>

Review of Child Deaths and Near Deaths Due to Abuse or Neglect:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

Court Improvement Program (CIP)

The Court Improvement Program utilizes federal funds from the U.S. Department of Health and Human Services, Administration for Children and Families to ensure collaboration between the child welfare agency and the Courts to achieve safety, permanency and well-being outcomes for children in the child welfare system. Since 1998 the State of Delaware Family Court has administered the CIP and partnered with the Division of Family Services around dependency and neglect cases. The overall goal of CIP is to strengthen the effectiveness of the decision-making of the Court to achieve the outcomes stated above.

CIP activities are structured under data, basic and training grants. The data grant provides opportunity to improve the data sharing amongst Family Court, DFS and other key stakeholders; the training grant increases child welfare expertise among the legal community and other stakeholders through cross-training opportunities. The basic grant allows Family Court to assess their effectiveness in carrying out state laws regarding foster care and adoption proceedings and subsequently, make improvements where appropriate. The State of Delaware Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

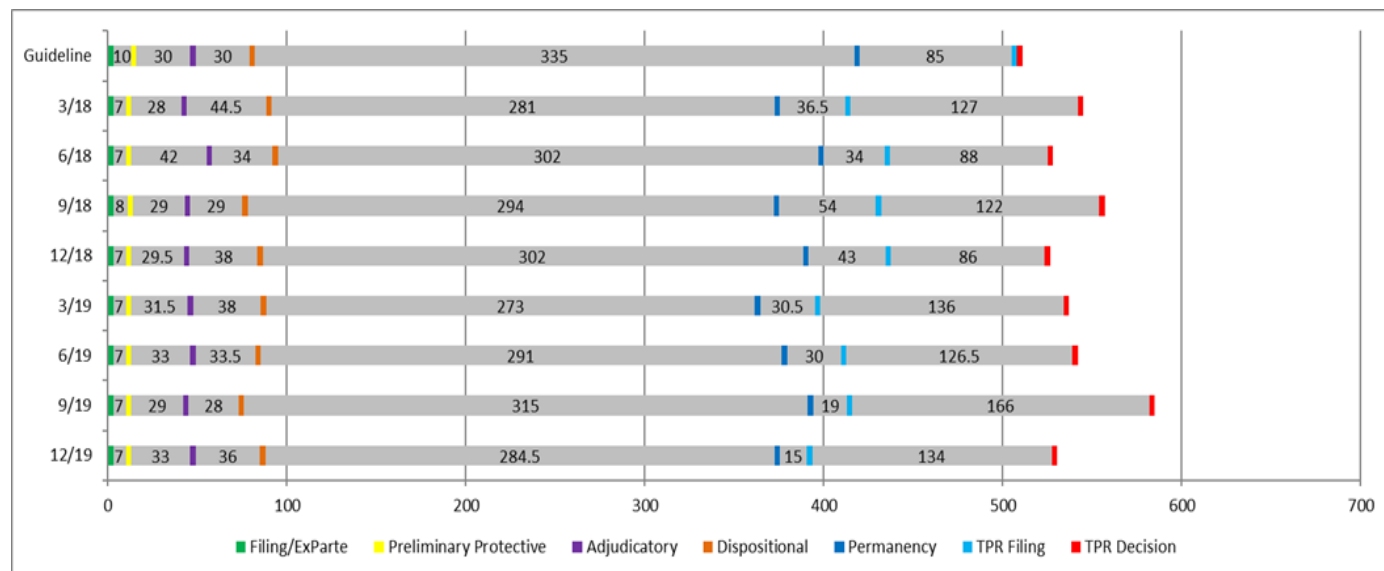
Outcome Measures, Accomplishments, Barriers and Challenges

The CIP continues to track and report out on a number of key measures related to court improvement work. The CIP Dashboard tracks parent and youth presence at hearings, hearing timeliness – including hearings that fall inside and outside of guidelines – and permanency outcome

measures. In CY2019 there were several timeliness measures that were reviewed with the CIP judicial officers and the state agency leadership to inform us how we perform in our practice. Specifically, CIP has made a strategic effort to measure on a quarterly basis our permanency hearing to post permanency hearing timeliness and permanency hearing to termination of parental rights (TPR) hearing timeliness. This information is then reported out regularly in both CIP Steering Committee meetings and CFSR PIP permanency workgroup meetings.

Delaware's CIP is committed to ongoing tracking and monitoring of its timeliness reporting measures and will continue to evaluate trends in our data moving forward. A Child Welfare Data Sharing collaborative was established with leadership from Family Court and the state agency as well as stakeholders including agency attorneys, child attorneys, parent attorneys, and the Department of Education. The collaborative is an opportunity to provide background information about existing data management systems, data quality and sharing of information. This will be an ongoing collaboration.

The below chart reflects overall court timeliness performance in conducting hearings for closed cases in calendar years 2018 and 2019. The CIP database produces timeliness data that informs our state how we are performing in accordance with Delaware Family Court Rules. CIP recognizes the importance of holding timely hearings to avoid permanency delays; this is an ongoing priority for the program. CIP and DFS will continue to collaborate in data reviews and case reviews to identify barriers and reasons for timeliness delays. This was an identified goal for the Court and DFS in prior years and the ongoing challenge will be to ensure that our entire system finds opportunities for permanency improvements.



Collaborative Efforts Social Service Project

Delaware CIP and DFS collaborated to launch a Social Services Intervention Project, which paired parent attorneys with a social worker as soon as a dependency/neglect case was opened in Family Court. The CIP and state agency partnered together over the past two years to move the project forward by facilitating meetings with a group of involved stakeholders ultimately allowing for the

launch of the social services project. The social services project ended in the summer of 2018. The assessment to determine the effectiveness of the project was conducted in fall 2018 by the CPAC Data Analyst. The final report for the Social Service Pilot Project, including findings and recommendations, were presented to the CIP Steering Committee in January 2019. Since there were promising practices found in the pilot project, the CIP Steering Committee determined that a smaller workgroup should be established to discuss next steps. Based on feedback from some stakeholders, the social worker will work in one county only to maximize the time they spend on the cases. The replicated social services project has been implemented since last summer and data will continue to be collected, evaluated and shared with stakeholders.

Permanency Values and Permanency Round Table Trainings

Delaware continues to collaborate with Casey Family Programs and DFS to provide trainings to stakeholders including the state agency, program providers, OCA, and DOJ to focus on improving permanency outcomes and reducing the use of APPLA. Following the Permanency Values Training held last year, a follow up facilitator training was held for DFS staff and providers to begin conducting Permanency Round Tables in the state. Additionally, an ‘Unpacking the No’ training was held for stakeholders to enhance the understanding of all staff and individuals on a child’s planning team regarding the intricacies of permanency planning barriers and how to best overcome them. To date, eight PRT have been held and outcomes from the PRT will continue to be monitored and tracked.

Division of Family Service and Family Court Judges Panel

Delaware Family Court and DFS have continued to facilitate DFS and Family Court Judges Panel. These panels were created based on a recommendation from the CFSR PIP workgroup, with recommendations from the first panel to continue in other counties. CIP Judges and several DFS staff served as panel members and provided a presentation to DFS regional offices. The panel allowed DFS and the court to have an open discussion of issues relevant to their county. Some of the topics addressed included: explaining reasonable efforts, better understanding the involvement of foster parents in DFS cases, and availability and access to community based resources for families, among other topics. The panel presentations provided a good exchange of information amongst agencies and one was held within all three counties with the plan to continue to hold these panels in the future.

NCJFCJ Implementation Site

Delaware Family Court was selected by the National Council of Juvenile and Family Court Judges (NCJFCJ) to become an implementation site for their Enhanced Resource Guidelines and Model Courts project. Courts that are active in the Model Courts Project receive individualized assessment, planning, training, technical assistance, and evaluation services as they seek to implement the principles and recommendations set forth in the Enhanced Resource Guidelines and work toward improved practice and outcomes. Delaware has participated in a site evaluation with statewide stakeholder collaboration as well as recently completing strategic planning sessions with support from NCJFCJ. Continued collaboration will occur over the next year.

Training

CIP has continued to ensure that child welfare training opportunities for the legal community remain available. There was a statewide training on Safety of Children in partnership with Casey

Family Programs as well as an overview of the Family First Prevention Services Act. Delaware also received training from NCJFCJ on their Enhanced Resource Guidelines as an implementation site. Delaware also provides relevant trainings at stakeholder meetings related to local programs or initiatives including home visiting programs, de-escalation of life support, trauma and impact on learning, county specific data and educational initiatives. The CIP will continue to ensure relevant trainings are made available for stakeholders.

Priorities for the Coming Year

1. A workgroup on quality legal representation includes leadership from the court and the agency as well as representation from child and parent attorneys. An MOA was created in order to draw down IV-E funding for reimbursement and submitted for approval. The workgroup is in preliminary discussions to determine how best to utilize available funds and identify what program proposals would best support children and families in Delaware. One of the foundational steps this workgroup has taken was to collaborate with the agency to utilize current data to better understand the circumstances of the children and families who would potentially benefit from this funding. The findings of the Social Service Pilot Project will be used to further explore how best to use this additional funding. Additionally, Delaware has continued to evaluate current parent attorney best practices and created an inter-disciplinary workgroup to develop statewide parent attorney standards.
2. Delaware continues to monitor and ensure that quality court hearings are occurring for our CIP cases. Delaware conducted quality hearing surveys last calendar year and modified those surveys for this upcoming year to reflect focused initiatives to include young children in care and attendance and participation during hearings for older youth. This data will then be analyzed, shared with stakeholders, and inform future practices.
3. Family visitation has been an ongoing priority for the CIP and its stakeholders. A presentation that focuses on visitation and its role in increasing permanency outcomes and reunification was held this year in collaboration with DFS and other relevant stakeholders. The training highlighted the work that has been done to implement Visit Hosts this past year and how to utilize Visit Hosts to enhance the visitation experience for youth and families. Continued presentations will occur throughout the year to ensure that all stakeholders receive this information.
4. CIP continues to ensure that relevant child welfare trainings are made available to those stakeholders practicing in our CIP cases. Ongoing stakeholder feedback will be solicited through meetings to ensure that training is reflective of the needs of practicing attorneys, judicial officers and stakeholders.
5. Delaware's CIP will continue to track relevant CIP data, particularly hearing party presence, timeliness data and permanency outcomes. This data will be shared with partners at the state agency and will be referenced to track progress and inform collaborative initiatives.

Community-Based Child Abuse Prevention Grant (CBCAP)

Prevent Child Abuse Delaware (PCAD) has been the lead agency for the federal CBCAP grant since 2004. The CBCAP grant represents federal funds provided to each state annually based on

population size. The base grant for Delaware is \$200,000. These funds are utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed to prevent child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

The CBCAP lead agency has two major areas of responsibility, providing support, training and technical assistance to the community-based programs that receive grant funding and to provide leadership to a network of coordinated resources to better strengthen and support families. Recently the federal grantees who receive funding from the Children's Bureau (CBCAP, CIP and DFS) were challenged to develop a shared vision for strengthening families and prevention, using the CFSP as a blueprint for reorienting child welfare systems towards prevention, integrated planning and system improvement efforts. To satisfy the responsibilities of the CBCAP grant and to move forward to create a shared vision the Integrated Child Welfare Planning Committee (ICWPC) has continued to meet to learn more about Delaware's broad service continuum that includes public and private partners and to strengthen collaboration and communication.

CBCAP Grant Funded Programs

During CY2019 PCAD provided CBCAP grant funding to support the Strengthening Families through Parent Provider Partnerships in Child Care initiative and the work of the Delaware Readiness Teams.

Strengthening Families through Parent Provider Partnerships

Since 2006, five cohorts of childcare centers have received the work of the Delaware Readiness Teams and CBCAP funding, training, and on-site technical assistance. Grantees are required to create a leadership team that included parents and staff that meet at least quarterly. The leadership teams are responsible to create and implement an annual action plan designed to build protective factors. During this coming year PCAD will work closely with Delaware's Early Childhood Support Team to coordinate grant funding in this area with the activities described in the newly created 5-year strategic plan. This plan will be guided by the results obtained through the Pre-School Development Grant needs assessment and will reflect the following guiding principles:

- The early childhood service system will:
 - Earn my trust
 - Treat my child as your own
 - Support my whole family
 - Make it easy on me and make me feel welcomed

The CBCAP funded work that has been done in childcare centers around building protective factors is designed to "support the whole family". The training and technical assistance provided to grantees allows childcare professionals to develop the skills and tools that they need to actively engage with families in positive and supportive ways by developing protective factors. Discussions will be conducted with the Early Childhood Support Team in advance of seeking new grantees in this area to establish how best to provide financial support to childcare centers and to best utilize training and technical assistance resources. As in the past funding priority will be given to centers and professionals who are providing services to families who are eligible to receive Purchase of Care benefits to help offset the cost of childcare.

Delaware Readiness Teams

The mission of the Delaware Readiness Teams is to establish community-based teams through-out the state comprised of parents, educators, childcare providers, representatives of community-based services and businesses. All teams are formed in and provide support to high risk communities. Their mission is to build strong partnerships, expand family supports and to prepare children birth through age eight for a great start in life. To accomplish their mission, the teams work to maximize the potential of young children by:

- Empowering families to strengthen the well-being of their children.
- Building protective factors within families.
- Strengthening relationships between families, communities, and schools.

During the past year, the teams have utilized grant funds to conduct parent conferences, Kindergarten Academies, and baby showers for at risk populations across the state. In addition, the teams have hosted Community Cafes that have focused on child development and skill building. The harvest from previous community cafes has been instrumental in providing a focus on the difficulties that families have registering their children for kindergarten and in accessing developmental screening tools electronically. Since these issues have been identified work on a centralized kindergarten registration system has been advanced and legislation has been introduced, much to the delight of the parents working on this project who feel like their voices have really been heard. Universal access to the Ages and Stages Questionnaire has also been achieved with all of Delaware's school districts now providing access to families electronically.

Given the continued success of the Delaware Readiness Team initiative PCAD would like to build the capacity of teams by allowing three teams to pilot the Empower Action Model: A Framework for Preventing Adverse Childhood Experiences by Promoting Health, Equity and Well-Being Across the Life Span during this coming grant year. Created by the Children's Trust of South Carolina and highlighted as an exemplary CBCAP community-based comprehensive approach the model will offer the pilot sites a formal framework for preventing child maltreatment and promoting well-being for the people within their community through the intentional building of the protective factors.

Priorities for the Coming Year

During the coming year Prevent Child Abuse Delaware, as the CBCAP lead agency, will focus its efforts on the following:

- Enhancing protective factors, particularly when multiple risk factors are present.
- Coordinating prevention funding sources.
- Increasing the use of informal/non-stigmatizing supports.
- Supporting evidence-based programs, where appropriate.
- Evaluating the effectiveness of its funded programs.

Additionally, PCAD will work with its partners to:

- Map the state's prevention service array and help to prioritize prevention activities.
- Direct and support networks of coordinated child maltreatment prevention resources and activities to better strengthen and support families.
- Review data primarily collected by Kids Count, DPH and DFS (focus groups and surveys) and utilize the information to make grant funding decisions, to support program development and changes to policy and legislation, and to advocate for systemic change.
- Utilize needs assessment data to identify specific challenges faced by local communities.

- Enhance outreach to underserved populations.
- Develop parent leadership.

V. Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. During the past 5 years, this system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures, and monitored by a CQI Steering Committee. DFS received technical assistance from the Capacity Building Center for States to provide oversight and consultation to implement a continuous quality improvement system. Case review results are used as measures for numerous goals in the Child and Family Services Plan (Section III). See Section II, Quality Assurance System for information of the structure and functionality of this system.

VII. Update on the Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)

DSCYF has sustained the formal child welfare continuum of services from OCCL licensing of child care facilities, child placing agencies and residential child care facilities through adoption and independent living services. Family support services are coordinated with multiple community partners using community-based interventions. DFS sustains a cluster of initiatives under the ‘Outcomes Matter’ banner including Safety Organized Practice, Structured Decision Making®, Team Decision Making, family teaming, and Ice Breaker meetings, all using family focused approaches to strengthen family voices in assessment, planning and service delivery. Infrastructure enhancements were added, such as new front line and supervisory staff positions, and supervisor training. Embedding continuous quality improvement principles to daily work and larger areas needing improvement matured during this reporting period. (See Section II, Service Array for description of child welfare services. As for progress reports on child welfare services, see Section III, Update on Progress Made to Improve Outcomes; also see Section IV, Statewide Community Partner Updates; also see CFS-101 for populations and locations; and Section XIII, Grant Applications, Stephanie Tubbs Jones Child Welfare Services)

Services for Children Adopted from Other Countries

DFS continues contracting with A Better Chance for Our Children (ABCFOC) to provide post adoption support services to all children who were adopted or who have permanent guardianship agreements and are currently residing in Delaware. The children and families served are a combination of Delaware as well as other state and international adoptions. The agency has a 24-hour hotline for families in crisis. The activities offered include information and referrals, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers at a minimum of 6 times throughout the year and statewide. The topics have included Love and Logic classes, Fetal Alcohol Spectrum Disorders (FASD) workshops, lying and stealing workshops, understanding the importance of birth parents, bonding workshops, parenting children who are traumatized, and diverse family group celebrations.

Services for Children Under the Age of Five

The United Way of DE, with funding from the Division of Public Health implemented the Help Me Grow Initiative in 2012. Help Me Grow (HMG) started as a pilot in Hartford, CT, in 1998 as a community effort to identify at-risk children and effectively and efficiently link them to services. The core service of HMG is the statewide free 2-1-1 call center, staffed by case managers specifically trained to assist parents of young children identify and connect with appropriate resources and services. HMG 2-1-1 serves as the central point of entry to the evidence-based home visiting programs, which include Healthy Families America, Parents as Teachers, and Nurse Family Partnership Programs. There is one referral for these Home Visiting programs. The referral is faxed to HMG 2-1-1. The case managers provide triage and determines the program that most appropriately meets the needs of the family, and then facilitate their connection to that program. Another component of HMG is to promote developmental screenings statewide. As a part of this initiative, DE has developed capacity throughout the HMG website for pediatricians and primary care physicians to utilize the PEDS Screening online. Additionally, HMG has provided training for all home visiting programs and DFS to utilize the Ages and Stages Questionnaire (ASQ) as the developmental screening tool and for non-medical providers. Widespread dissemination of the ASQ is also occurring throughout DE STARS program, the Quality Rating System for early childcare. The goal is to have standard assessment measures that can be shared as children move through the system, to both inform the planning for their needs and to track progress over time. Collaboration continues between DFS and Delaware's home visiting partners across the state. There is a Universal Referral Form (through HMG 211) to streamline referrals. Delaware has the following Home Visiting Partners:

- Nurse Family Partnership® (NFP): This is an evidenced based community health home visiting program through Children & Families First. The team of NFP Nurse Home Visitors currently provides services to families in New Castle, Kent and Sussex Counties. Services are for first time mothers and begin when the mother is 29 weeks pregnant. Each mother served by Nurse-Family Partnership® is partnered with a registered nurse to receive home visits from pregnancy through the baby's second birthday. The goals are to improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving diet and nutrition as well as reducing the use of cigarettes, alcohol and illegal substances. Additional goals are to improve child health and development by helping parents provide responsible and competent care; improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. More information can be located at <https://www.nursefamilypartnership.org/locations/delaware/>.
- Healthy Families America/Smart Start Program: The Healthy Families America (HFA)/Smart Start Program through Children & Families First helps expectant and new parents get their children off to a healthy start. The program strives to provide parents an opportunity to get the education and support they need at the time their baby is born, and until their child turns three. Mothers who are pregnant or have a newborn younger than three months old, and who need assistance with medical or behavioral health issues are referred to this program. For mothers who are referred while pregnant, a CFF HFA/Smart Start home visitor visits with the mother regularly to provide the support needed to have a healthy pregnancy and prepare for birth. CFF HFA/Smart Start helps mothers connect with other services in the community. Once the baby is born, the CFF HFA/Smart Start home visitor visits the home regularly until the child is 3 years old. Mothers learn to identify their baby's needs, and about caring for babies, toddlers,

and young children. The program makes sure the mother and child are connected with medical care, helps the mother follow-up with recommended immunization schedules, helps the mother feel empowered, and links the mother with other resources in the community for help with job placement, identification of childcare providers, etc. More information can be located at <http://family.cffde.org/services/healthybabies/healthyfamiliesamerica.aspx>.

- **Parents As Teachers:** Parents as Teachers (PAT) is a free voluntary program serving families throughout Delaware. Home visitors partner with families to focus on fostering strong and loving relationships between parents and their children. The PAT home visitor provides the family with the information, support and encouragement to help the children develop during those crucial early years. The PAT home visitor visits with the family in their own home and they conduct annual developmental and health screenings, Stay and Play groups, referrals to other community resources, teen groups in local high schools, event and weekend socialization opportunities throughout the year, and access to a Stand By Me financial coach. PAT serves prenatal through 5 years old. More information can be located at https://www.lf.k12.de.us/decc/?page_id=194.
- **Delaware Head Start/Early Head Start:** Head Start is a federal program promoting school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher. These programs help build relationships with families that support family well-being and many other important areas. Early Head Start serves infants, toddlers, and pregnant women and their families who have incomes below the federal poverty level. Children in foster care, homeless children, and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are also eligible for Head Start and Early Head Start services regardless of income. Early Head Start includes weekly 90-minute home visits and two group socialization activities per month for parents and their children. The home visitors have knowledge and experience in child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics. Telemon Corporation provides services to Kent/Sussex Counties. New Castle County Head Start, Inc. provides services to New Castle County. More information can be located at https://education.delaware.gov/families/office_of_early_learning/parents_as_teachers
- **Child Development Watch (CDW):** CDW provides developmental screenings for children birth to three. Referrals are made by DFS and other community partners. If a child has developmental delays or disabilities CDW will work with the family to provide services to the child.
- **Delaware Thrives:** Delaware offers resources to parents and providers through the Delaware Thrives. Delaware Thrives is the statewide, multi-agency initiative to identify you children at risk for health or developmental challenges and ensure that these children and their parents and families have easy access to information and services. Several programs of this initiative specifically focus on the population of children under the age of 5. DE Thrives connects families with resources, programs and social networks for reproductive life planning, having a healthy pregnancy, raising healthy babies, home visiting, safe sleep practices, oral health, developmental information, quality time with children, safe sleeping and more. More information can be found at: <http://dethrives.com>

- Care Coordinators: Delaware continues its partnership with Highmark and AmeriHealth Care Coordinators, a service of Delaware's Medicaid Managed Care Organizations. The Treatment Program Team acts as a liaison for Care Coordinators to link directly to frontline staff and foster parents. The Care Coordinators reach out to frontline caseworkers to collaborate on needs of children in foster care from infancy through age 18.

Efforts to Track and Prevent Child Maltreatment Deaths

Delaware's Child Protection Accountability Commission is the state entity responsible for compiling child maltreatment fatality data from all the sources listed above. CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015.

One specific statewide Child Abuse and Neglect Panel meets monthly to review child maltreatment fatalities, and the Intake and Investigation Program Manager sits on that panel.

In FY2019, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between July 2018 and June 2019. During this period, the Panel reviewed 80 child maltreatment deaths and near-death cases, which resulted in 264 strengths and 285 findings across six system areas. The findings and recommendations resulting from the reviews of child deaths and near deaths due to abuse or neglect are available at the following link: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

These strengths and findings are distributed in draft form to intake and investigation staff, as well as upper divisional and departmental management, for purposes of enhancing quality of work, encouraging adherence to policy, and strengthening policies to be more collaborative and preventative.

Child maltreatment fatalities reported to NCANDS are derived from substantiated investigations resulting in findings of death neglect or death abuse. The state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS because these agencies do not interface with Delaware's information system nor determine deaths as a result of abuse or neglect in the same manner as the Division.

CPAC serves as the federally mandated Citizen Review Panel, and the Child Abuse and Neglect Panel with oversight from the CAN Steering Committee conducts retrospective reviews on all death and near death cases of abused and neglected children, assessing for strengths and weaknesses across six system areas. CAN Panel is comprised of members from the Division, OCA, IC's office, law enforcement, the DV community, hospitals, schools, Child Development Watch (Delaware's part C program), Family Court, the DOJ, and the medical examiner's office, who meet monthly to make recommendations to the CAN Steering Committee. The Steering Committee reports to the Governor of Delaware with findings and recommendations. A copy of this report can be accessed at: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

MaryLee Allen Promoting Safe and Stable Families (PSSF)

MaryLee Allen Promoting Safe and Stable Families (title IV-B, subpart 2) Family Support and Family Preservation funds in Delaware are combined to provide a continuum of services whose

primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The services build on family strengths, increase family stability, provide opportunities to improve the parent's capacity to meet their children's needs and focus on prevention and early intervention services that alleviate family crisis and stressors in an effort to reduce the likely child maltreatment and enhance child well-being. The PSSF Consultation and Support Program is administered through DPBHS. The program services are provided through a universal/targeted/indicated approach focusing on providing supportive services intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress.

The intervention of the consultation process focuses on increasing the protective factors of children and families, thus stabilizing families and preventing out of home placements. The goals of the PSSF Consultation and Support program are:

- 1) Reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services.
- 2) Build family skills and strengthen family functioning.
- 3) Reduce the risk of child maltreatment.

Service decision-making process of the PSSFCS program occurs through the family consultation process. Families are guided through a self-assessment, examining concerns and developing an awareness of how to reduce or resolve concerns. The program participants enhance their ability to assess their family's core concerns, establish a plan to address concerns and learn of both informal and formal supports/resources available. The family consultant and the participant are able to assess the families' coping skills, determine if the family is experiencing difficulties with their child(ren) and if their parenting skills are being challenged. The family consultant promotes development of a support network, plans to decrease stressors, and linkages to services, such as parenting education, parent support groups or child behavior intervention services.

Three contracted community based organizations practice the consultation model in five sites offering an array of services such as family counseling, adult and youth mental health services, substance abuse services, youth programming, employment training/placement, housing counseling, emergency services, parenting and other related services designed to address the stressors experienced by caregivers. During FY2019 the program served 1,332 individuals and 395 families statewide. Services are concentrated in zip code areas with the highest number of abuse and neglect referrals.

Service Decision-Making Process for Family Support Services

Promoting Safe and Stable Families Consultation and Support service is delivered by three community-based organizations statewide at five service sites. Contracts were awarded through a Request for Proposal process. The agencies selected provide an array of children, youth, adult and family services sought by many of the families of PSSF program. The agencies collaborate and exchange family services among one another and other community service agencies. Providers serve communities with high percentages of referrals to child protection services. There are two sites in Sussex County, one site in Kent County, and two sites in New Castle County. During the period of this report, both New Castle County PSSF provider sites added the City of Wilmington

into their service area. The Governor's Family Council, DHSS and DOE Dual Gene Family Resource Center supports service to the southern region of Wilmington where families and children experience high level of trauma due to the volume of violent crimes in the community. Consumer input via the pre and post service Family Stressor and Resources Assessment Index and satisfaction surveys are used to gauge program performance against expected outcomes. Both tools show positive ratings.

DFS also uses a bidding process for contracted services supported by PSSF funds. Community-based services provide home based family preservation, family reunification and behavior analyst services for intact families and families with children in foster care. Adoption services are also competitively bid. Another service is parent support using Strengthening Families and Triple P models. Considering the broad scope of need and population, these services are provided statewide.

Other family centered services offered by DFS include substance abuse screening and referral, case management for housing vouchers, forensic and psychological evaluations, caregiver/child assessments, and bonding assessments

Title IV-B subpart 2 funding ratios for FFY2020 are 33% family support, 20% family preservation, 24% family reunification and 22% adoption. The administrative costs are .8%.

Populations at Greatest Risk of Maltreatment

At the prevention end of the spectrum, PSSF provides community based services in communities throughout the state in geographic areas with high rates of child abuse and neglect reports and at risk communities as noted by the City of Wilmington, Center of Disease Control report of violent crimes. The program expanded its family support and family preservation services to families of children in Kent County's Capital School District referred for DPBHS early intervention services. In Sussex County, the program sought to expand its services to families and children in rural communities of Seaford, Milton, Ellendale, Bridgeville, and Blades.

For DFS' formal child welfare services, the populations at greatest risk of maltreatment are at-risk families and children in geographic areas with high incidents of child abuse and neglect reports, referrals from childcare providers, referrals from school personnel, early intervention students, substance-exposed infants, children with traumatic childhood experiences and children with developmental delays.

Infants exposed to substances before birth is a special population determined to be at risk. Delaware has done extensive work on Plans of Safe Care for these infants and their families to align with Delaware's Aiden's Law and the Comprehensive Addiction and Recovery Act. DFS developed both internal and external pathways to address infants born with prenatal substance exposure.

Delaware is aware that foster children are at higher risk of becoming a victim of sex trafficking and continues to work with law enforcement, FBI and community providers to address identification and services for victims of sex trafficking. The Juvenile Human Trafficking Interagency Council brings together law enforcement, courts, advocates, DFS, FBI, and community partners together to look at data, public awareness, training, and victim's services. Delaware is looking at best practices for working with victims or suspected victims of human trafficking.

Kinship Navigator Funding

Delaware received a FFY2019 kinship navigator grant but faced barriers with early tasks of the project which delayed programming and fiscal expenditures. Delaware's proposed activities are to open bidding for a kinship needs assessment and recommendations, then implement supports for kinship caregivers. There has been an unforeseen delay in activities due to shortage of staff in the foster care program. Recently a part time position was filled and technology purchased to manage the project. The employee is a retiree of Family Services and brings experience and knowledge to the project. The Request for Proposal is expected to be released July 2020. Delaware applied for FFY2020 kinship funds, federal response is pending.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual that states children in out of home placements must be visited monthly. For FFY2019, Delaware's performance for Measure 1: Percent of Visits Made Monthly is 91.73%. For Measure 2: Percent of Visits in the Child's Residence is 79.97%. While these measures show improvement over FFY2018, Measure 1 is below standard performance. The agency is addressing factors such as high investigation caseloads, high workload in treatment cases, staff turnover and FOCUS data entry that impact performance for Measure 1. Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs. Contracted providers have monthly, if not more frequent, contact standards. DFS will submit monthly caseworker visit data for FFY2020 per Section 424(f) of the Social Security Act by December 15, 2020.

Adoption and Legal Guardianship Incentive Payments

Adoption Savings: Adoption savings are applied to a foster group home contract with ACF approval. The group home offers specialized intensive services for 16 youth, males and females. In the fall of November 2019 DFS contracted for a Post Adoption/Post Permanent Guardianship Navigator providing a variety of supports and assistance to adoptive or permanent guardianship families. The navigator assists adoptive families with guidance obtaining new birth certificates or social security cards, coordinating with the Medicaid office to assist in maintaining proper coverage by clarifying and providing any necessary documentation that would impact a break in coverage, identifying and solving payment issues, answering questions about services eligible for reimbursement under the annual psychological subsidy or Parent Enrichment Program (funded by Adoption Incentive funds). The navigator also responds to inquiries about subsidy and assistance amounts. DFS is applying savings for new adoption supports such as out of home respite, flexible spending, adoption conference and training expenses. DFS will apply grant funds to eligible child welfare services under Titles IV-B and E in the coming year.

Adoption Incentives: With federal approval, DFS applied Adoption Incentive funds to a new program called Parent Enrichment in April 2019. The program reimburses adoptive caregivers for purchases to normalize childhood experiences and enhance child well-being. Funds also reimburse adoptive caregivers for training and adoption related conference expenses. All funds are expected to be spent by grant end dates and documented by annual submissions of SF-425 forms.

Delaware makes no change to the Adoption Savings methodology.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

The Independent Living Program contracts with five providers throughout the state to support youth transitioning out of foster care to become self-sufficient young adults. Youth eligible for a referral

to one of the contracted providers includes youth in a foster care placement setting 16 and older, youth who have aged out of foster care and have not reached age 21 and youth who were adopted or placed under guardianship at 16 years of age. The IL provider creates a plan with the youth to outline goals in areas including personal and interpersonal skill development, critical skill decision making, job skills including job preparation, job seeking supports and job maintenance supports, money management, credit management, housing, transportation, health services, personal hygiene, family planning, connections to community resources, nutrition education, support with understanding legal rights, prevention of drug and alcohol abuse and building healthy relationships. The five contracted providers include Progressive Life Center Inc., West End Neighborhood House Inc., Elizabeth W. Murphey School Inc., Dunamis Dominion, People's Place II Inc. Performance expectations outlined in each of the contracts reads that the provider will assist the youth with achieving their education, employment, and housing goals as well as educating them on how to access community resources, understanding how to successfully network with support services in their community to maintain independence and to not be abused or neglected by the IL provider. The IL workers will complete the Casey Life Skills Assessment with the youth to help ascertain their readiness in the different service domains including career and education planning. Based on the results of the assessment, the IL worker will develop a plan with the youth to help them achieve their goals. The plan is reviewed with the youth at least every 6 months. In addition to these providers, the IL program also contracts with Jobs for Delaware Graduates (JDG). JDG provides community based programming to assist youth ages 16-21 in Kent and Sussex Counties in obtaining and retaining employment. JDG develops job placement opportunities, prepares youth for employment, matches youth to appropriate employers and jobs, and provides post job placement supports. West End also provides supports to youth specifically with obtaining their GED and/or preparing them with vocational supports. Furthermore, 'Year Up' is a program in the Wilmington area to help youth with hands-on skill development and internship opportunities with local business. Another constant avenue some youth take is enrolling in and participating in Job Corps programs either here in Delaware, or in other states. The IL program partners with Kind to Kids Foundation and their Ugrad program. The UGrad program goal is to help youth graduate high school and in turn be prepared for either a post-secondary education program or the workforce. The IL program would like to develop a year-round job shadowing program for youth by forming partnerships with local business and to create procedures for both youth and employers to enhance vocational and leadership skills for youth. Youth have opportunities to participate in annual happenings such as the YAC conference and the Destined for Greatness event. In addition, YAC provides monthly meetings for youth, including activities related to community service, networking with peers and connecting to community resources. YAC recently developed an Instagram account, and plans are being made to host Zoom meetings in light of COVID-19 to maintain youth connections. DFS is incorporating the principles of Positive Youth Development by holding the annual Destined for Greatness event. The Destined for Greatness event is held every spring to honor youth that have graduated high school, college or a vocational program. The event also recognizes youth that have made an accomplishment over the past year. To do this, caseworkers are asked to nominate youth for something positive they have achieved and to indicate a monetary wish the youth would like granted. In partnership with the organization One Simple Wish, DFS is able to grant youths' wishes by giving them monetary or physical items at the Destined for Greatness event. The event is a fun-filled evening that is centered on positive reinforcement for achievements and accomplishments that youth have made.

DFS includes goals, objectives, measurements and benchmark activities in the CFSP to improve education, employment and positive social interaction outcomes for foster teens and young adults aging out of foster care. The CFSR PIP did not include an activity for independent living services. (See Section XIII, Grant Applications, for description of Chafee supported activities)

DFS shares the results of NYTD data collection with foster parents, youth, advocates, and other stakeholders through ongoing presentations. In addition, NYTD data is shared with independent living coordinators, agency staff and foster care providers through ongoing trainings. The Independent Living Program Manager facilitates onsite trainings at various locations throughout the state, sharing NYTD data in presentations. With DFS' database system, FOCUS, NYTD information is pulled and developed into reports that are shared quarterly by the agency's data unit. These reports are used in quarterly meetings with contracted independent living provider meetings to discuss what is working well and areas to improve. In addition, the quarterly reports are broken down to show specific contracted agency data that is then shared with each agencies IL Directors.

The independent living program involves the public and private sectors in helping youth in foster care achieve independence by collaborating with agencies to provide services to youth to build their self-sufficiency and resilience. The independent living program contracts with People's Place, Progressive Life Center, Elizabeth Murphey School, Dunamis Dominion, West End Neighborhood House and Jobs for Delaware Graduates to provide individualized independent living services to youth, as well as transitional living services. These providers also support youth with employment related services and vocational development. Through the partnership with the Division of Financial Empowerment of the Department of Health and Social Services, the program Stand By Me runs monthly reports on youth ages 14-21 to ensure their credit is not compromised. Through this collaboration, caseworkers and youth receive support to help correct any findings on their credit report. Additionally, financial coaches are made available to the youth to teach financial literacy. Continued partnership with Kind to Kids Foundation allows youth in foster care in grades 9th through 12th to connect with an educational advocate. This program, known as the UGrad program provides educational support for youth, and helpful the youth identify any educational needs they might have. The advocate assists youth by arranging tutoring and/or providing supplies for projects. The independent living program will continue to collaborate with the Division of Developmental and Disability Services, Division of Social Services, Division of Medicaid and Medical Assistance, Division of Substance Abuse and Mental Health, Social Security Administration and Delaware State Housing Authority. In addition, the independent living program also partners with the Food Bank of Delaware, Delaware State University, and Wesley College. The independent living program does not serve youth when they are in juvenile delinquency settings.

The Independent Living Program Manager works closely with the Delaware State Housing Authority (DSHA) to assist eligible youth with achieving independence. Achieving independence is closely associated with obtaining housing. The independent living program provides voucher options to youth as well as supported independent living services to youth while utilizing the housing vouchers. The manager works closely with DSHA representatives throughout the process of youth applying, searching and utilizing the vouchers. Meetings occur monthly with DSHA to review the application process and data counts for both the State Rental Assistance Program vouchers and the Family Unification Program vouchers. Collaboration between DSHA and the agency ensures that the count of available vouchers is accurate, and that the application process for youth is efficient.

Education and Training Vouchers (ETV) Program

The state ensures that total amount of educational assistance to a youth does not exceed the total cost of attendance. The independent living program developed a budget worksheet to outline each youth's expenses, ensuring that the allotment does not exceed their need. Starting this year, the Office of the Child Advocate will administer the program using the same methodology. The program avoids any duplication of benefits under this and any other federally assisted benefit program by having each applicant certify what, if any, scholarships or grant programs they've applied for on the application form.

The independent living program received, reviewed and allotted 36 youth with an ETV voucher since the submission of the 2020-2024 CFSP. The independent living program managed the application process developed online for easier access for youth. In addition, the independent living program tracked applicant's information such as what school they were attending, how much financial need there was, grades and the number of times they've received an ETV award. OCA assumes these responsibilities for the 2020-2021 school year.

The independent living program partners with the Office of the Child Advocate to manage ETV awards. OCA now oversees the application process, allotment and continued monitoring of youth who receive the ETV award. With the support of the independent living program, OCA hired a Youth in Transition Coordinator whose responsibility is to update the application, market the ETV opportunity to eligible youth, lead award decisions and manage the disbursement of funds. OCA and the independent living program work closely with the contracted independent living providers as they support and provide case management service to youth that receive ETV awards.

For July 1, 2018 through June 30, 2019, 38 youth received ETV funds with 19 new recipients. For July 1, 2019 through June 30, 2020, 36 youth received ETV funds with 24 new recipients.

Chafee Training

The Independent Living Program Manager provides continued training on independent living programs to internal staff and community partners. Currently, the manager is working closely with the training unit to develop an overview training on the Delaware Learning Center accessible to all state employees. The training highlights information regarding Chafee including eligibility, services that could be provided to youth and how staff shall implement services using different tools and tracking systems. The program maintains the guideline manuscript that assists DFS staff with their roles and responsibilities regarding IL related tasks. Delaware will provide independent living training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and with making permanence connections to supportive adults. IV-E training claims based on IV-E/IV-B training plan allocations will include trainings benefiting Chafee services.

Consultation with Tribes (Chafee)

Nanticoke Indian Association Chief Carmine was invited to review the coordinated 2020-2024 CFSP via the DSCYF website. The independent living program is included in this review. DFS has not negotiated an agreement to administer or supervise CFCIP or Education and Training Voucher programs with the Association. Chief Carmine attended a stakeholder meeting September 2019 where service array was analyzed. Access to services for teen foster youth transitioning to adulthood

was noted as an area to strengthen while contracted IL case management services was viewed a strength. The array of independent living services, including ETV is available to all foster youth including those with Indian heritage.

VIII. Consultation and Coordination Between States and Tribes

Chief Carmine of the Nanticoke Indian Association, attended stakeholder meetings March 27, 2019 and September 19, 2019. Chief Carmine agrees to assist the agency with foster home recruitment and placement should an Indian child enter state custody. Chief Carmine acknowledged receipt of the Child and Family Services Plan and 2019 Annual Progress and Services Report. The April 2020 stakeholder meeting was cancelled due to the COVID-19 state of emergency. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. FOCUS documents DFS' responsibility to determine ICWA eligibility and case activities that can be queried for building monitoring reports. Per DFS policy, services and protections include operation of a case review system for children in foster care, a preplacement preventive services program for children at risk of entering foster care to remain safely with their families, and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. Indian foster children are under Delaware Family Court jurisdiction. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23). FOCUS reports one Indian children in foster care. Delaware consulted with a representative of the Rosebud Sioux Tribe in 2016 to write ICWA policy. There are no planned changes in policy, procedure or statute. ICWA training is mandatory for new caseworkers and is available on the Delaware Learning Center. Chief Carmine continues as a child welfare stakeholder and will be invited to attend all stakeholder meetings to provide input on APSR progress. Stakeholder meetings include directions to the Department's website page listing CFSPs and APSRs. The agency has no agreement with a tribe to perform Titles IV-B or IV-E activities.

IX. CAPTA State Plan Requirements and Updates

The following statements address required reporting requirements for CAPTA:

- There are no significant changes to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant.
- There are no significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.
- CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program submitted June 30, 2019. Funds are applied to staff salaries who perform intake, assessment, screening, and investigation of reports of child abuse or neglect functions. Due to reorganization of staff, DFS transferred CAPTA funding of two 0.50 FTE Institutional Abuse (IA) investigators to two 0.50 FTE Family Service Specialist Investigators. CAPTA also funds a state level Family Services Program Support Administrator who works with the Intake and Investigation Program Manager to monitor Plans of Safe Care. In addition, CAPTA funds one Senior Family Service Specialist who investigates substance exposed infant cases and develops Plans of Safe Care to address the health and substance

use treatment needs of the infant and family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.

CAPTA funds are applied to a contract with A.I. DuPont Hospital for Children for expedited medical examinations to determine child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. (See Attachment: AIDHC-DFS Data 2019)

DFS also contracts with Holcomb Behavioral Health to implement Plans of Safe Care.

- Child Protection Accountability Commission serves as Delaware's Citizen Review Panel. CPAC's SFY2019 report is located online at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

In its 2018-2019 Joint Action Plan, CPAC and Child Death Review Commission established 5 prioritized recommendations for system improvement, along with 7 additional recommendations and 10 ongoing recommendations from the prior annual meeting. The progress made towards accomplishing these recommendations, as well as the full action plan, is available at the following link:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

- Delaware continues efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Legislation (HB 140) was introduced in April 2017 to codify hospital reporting of substance exposed infants (SEI) and fetal alcohol syndrome disorder (FASD) children to DFS and the development of a POSC prior to discharge of the infant. The Governor signed this legislation (HB 140) June 7, 2018. The CPAC Substance-Exposed Infants Subcommittee developed and approved a POSC template and POSC family assessment template in September 2017 to comply with the changes made to CAPTA after the passing of CARA. All six birthing hospitals in Delaware are mandatory reporters and made reports during CY2019. DFS statewide administrators attend routine hospital meetings with the birthing hospitals.

In October 2017, DFS began a Plan of Safe Care (POSC) SEI pilot program with the introduction of one designated SEI caseworker in Kent County and one designated SEI caseworker in Sussex County. In CY2019, the internal capacity expanded to 11 DFS caseworkers, located throughout all three counties in the state. Caseworkers in Kent County are co-located at Bayhealth Kent General Hospital, and caseworkers in Sussex County are co-located at Beebe Healthcare. There are efforts underway to initiate a collaboration with Christiana Care Health Services and St. Francis Hospital in New Castle County, as well. The SEI workers are responsible for responding to all screened in cases regarding a substance exposed infant and become the POSC coordinator. The POSC coordinator is responsible for the development, implementation, coordination, and monitoring of the POSC to include referrals and service delivery. In April 2018, the Intake and Investigation Program Manager and the Investigation Coordinator conducted a training and coaching session for the designated SEI caseworkers, which has since expanded to a statewide training.

The Intake and Investigation Program Manager developed a POSC coordinator pathway as well as policy and procedure on the development, coordination, and monitoring of the POSC. The IC developed an implementation guide to address implementation across several systems (i.e. birthing hospital, DFS, substance use disorder treatment center). In CY2020, the DFS Director and the IC collaborated to create a shortened version of the POSC, easier to use and understand, and more tailored to the needs of clients. A proposal for a Medical Plan of Safe Care was submitted by Christiana Care Hospital in CY2019, to be used by medical professionals in instances when a birthing mother has tested positive for a legitimately prescribed substance, and the medical provider is willing to implement and monitor the POSC. This proposal is currently in the process of being reviewed and approved by the IC's office and DFS.

In March 2018, an agency was awarded a contract for a POSC coordinator program to address the needs of infants born and identified as affected by marijuana, and the program began in July 2018. Since inception through the end of the first quarter of CY2020, the program has worked with 253 families.

The IC maintains a SEI Database that collects several elements of data through the use of data sharing and access to FOCUS. The IC distributes a year in review on Delaware's substance exposed infants and tracks this data since 2015. In June 2018, the IC began to produce quarterly monitoring data.

The CPAC Substance-Exposed Infants Subcommittee was developed as an extension of the group that was primarily comprised of hospital staff that previously existed to discuss the needs of substance exposed infants. The CPAC SEI Sub-committee has expanded that work and is co-chaired by Jennifer Donahue, the Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Alfred I. duPont Hospital for Children, and is comprised of members of the medical community, DFS, OCA, DOE, DSAMH and their contracted providers, CDRC, Children & Families First, DOJ, DHSS, and the March of Dimes. After the CPAC/CDRC approved its 2016-2017 Action Plan, the committee was tasked with developing a template for the required CAPTA POSC and identifying the responsible agencies for initiating and monitoring POSCs. The committee meets every other month, and the meeting minutes can be available upon request. The DFS Director and DFS Intake and Investigation Program Manager are members of this CPAC sub-committee.

On July 12, 2016, the former DFS Director, with the technical assistance of the Casey Family Programs, invited the DHSS Divisions of Public Health and Substance Abuse and Mental Health to begin meetings to plan how to serve families with substance abuse better through a multi-agency approach. The Committee named itself the Multisystem Healthy Action Committee (MSHAC). DFS administrators, supervisors, and caseworkers continue to attend MSHAC. Meetings are held on a quarterly basis in each county. The Intake and Investigation Program Manager, Family Services Program Support Administrator, and the Treatment Program Manager attend these meetings.

In September 2019, the DFS SDM Policy and Procedures Manual was updated and republished to account for the changes required due to HB 140. Specifically, "Infant with Prenatal Substance Exposure," "Human Trafficking," and "Death of Child" were added as stand-alone

maltreatment types, accompanied by updated definitions. Changes went live in FOCUS on January 6, 2020, which now makes tracking of these cases much more reliable and accurate.

- The Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424) CAPTA Governor's Assurance Statement was submitted prior to June 30, 2019, and was attached to the 2015-2019 Final Progress and Services Report.
- The State Liaison Officer and contact information:
Sarah Azevedo
Intake and Investigation Program Manager
1825 Faulkland Road, Wilmington DE 19805
Sarah.azevedo@delaware.gov
302-633-2663
- Delaware's Annual Progress and Services Report contains CAPTA provisions and are accessible at this web address: http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml
Annual Reports are posted upon ACF approval.

X. Updates to Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Delaware's Foster and Adoptive Parent Marketing, Recruitment and Retention Plan targets three major areas of support and improvement of the foster care system: increase the number of new homes, retain good quality foster families and develop or recruit for youth with complex needs. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware continuously evaluates the needs of children and adjusts the recruitment, support and development strategies. Statistics, performance and progress reports are documented in the Plan. (See Attachment: Foster and Adoptive Parent Marketing, Recruitment and Retention Plan 2020) Also see Section III, Permanency, Objective: Strengthen foster care resources for all children in out of home foster care, Benchmark 1 for performance and progress report.

Health Care Oversight and Coordination Plan

Delaware's Health Care Oversight and Coordination Plan documents the required elements for meeting the medical needs of foster children. For CY 2019, 948 foster children received health services through either Highmark Health or AmeriHealth MCO. There were a total of 759 Highmark Health members and 189 AmeriHealth members.

Two strategies promote strong partnerships between DFS and both MCO partners, Highmark Health and AmeriHealth. An emphasis on communication, transparency and education enabled the teams to share appropriate information while trying to minimize confusion and potential roadblocks to services.

Communication and Information Sharing

DFS hosted regular calls with MCOs to review data, problem solve and answer questions. These calls last approximately one hour and are critical to the success of the partnership. Recent changes in the Department's Confidentiality Policy impacted how the MCO team accesses information. The new policy was discussed and the team agreed on a plan to access information.

Every month, DFS sends both MCOs names of foster children with MCO enrollment. Information in the report includes identifying information, foster care entry and exit dates and agency contacts. This report facilitates direct contact between the MCO Care Coordinator and the child's case worker. In cases where communication is difficult, the MCO Care Coordinator can directly contact the Treatment Program Manager and Program Administrator to help support their outreach efforts.

Education

Ongoing education is a second strategy critical to foster children's health. DFS caseworkers are diligent in following policies about information sharing and confidentiality of their client's information. To facilitate communication of protected information, the treatment program team developed a factsheet for caseworkers describing the MCO partnership, what information is allowed to be shared and the purpose of requesting this information. Care Coordinator supervisors received an explanation of the Department's Confidentiality Policy.

Lunch & Learn sessions bring MCO Care Coordinators and caseworkers together in a casual setting to promote positive working relationships. Due to the current COVID-19 pandemic these events have been cancelled until further notice.

For psychotropic medication use statistics among foster children see Section III, Well-being, Objective: Coordinate appropriate mental health counseling for foster children taking psychotropic medications. There are no updates to the current Plan.

Disaster Plan

In March 2020, the Governor of the State of Delaware issued a Declaration of a State of Emergency, related to COVID-19 and its potential impact on the health and safety of Delawareans. While this declaration did not close state offices, it had a profound impact on the way DFS and other entities within the state conduct business. DFS's Emergency Preparedness Plan was utilized as a framework for ensuring that communication with staff and with foster parents followed the appropriate channels and that all foster children were accounted and cared for safely throughout the duration of the emergency.

At the beginning of CY2020, prior to the Declaration of the State of Emergency, the Intake and Investigation Program Manager organized a small workgroup, tasked with reviewing and updating the Emergency Preparedness Plan. No major edits or additions to the plan were needed, but the group made the following recommendations, which have been incorporated into the updated version of the plan:

- Reformatting of the document to be more "readable"
- Updating of the logo
- Updating the communication process with foster parents to reflect current practice
- Updating content to reflect our use of FOCUS
- Updating information about our emergency notification system to reflect the state's contract with MIR3

(See Attachment: DFS Emergency Procedures April 2020)

Training Plan

Delaware's 2020-2024 CFSP included a staff development and training plan supporting goals and objectives that address Title IV-B/IV-E programs. Training is continuous, includes content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training supports cross-system coordination and consultation. The Center for Professional Development provides state of the art training and professional development for DSCYF employees and their partners who work with children, youth and families. Specific trainings for DFS caseworkers focus on best practices and strategies promoting family engagement, professional competencies and multi-disciplinary collaboration.

An updated 2020 Training Plan and Training Chart is attached. (See Attachments: DSCYF 2020 Training Plan, Staff Training Chart 2021) Also see Section III, Implementation and Program Supports for more detail on staff training.

At this juncture, no evaluative or research activities with a university, college, or outside organization are underway or planned for DFS training or programs. NCCD will conduct fidelity assessments of SDM[®] FOCUS tools which could add new or refresher training units.

XI. Statistical and Supporting Information

Information on Child Protective Service Workforce:

The following information describes hiring, training and turnover for the child welfare workforce. For the Division of Family Services, three caseworker positions are in the progressive career ladder:

- Family Service Specialist (FSS) PG 10
- Senior Family Service Specialist (SFSS) PG 11
- Master Family Service Specialist (MFSS) PG 13

The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves, the vacant position resets to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes all applications are screened to ensure that the minimum qualifications are met. Applicants for Family Service Specialist (FSS) must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in behavioral, social science or related field
- Knowledge of health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation
- Knowledge of interviewing to obtain facts, explore issues and identify courses of action
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Possession of a valid driver's license (not suspended, revoked or cancelled, or disqualified from driving)

For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists (FCT), Pay Grade 15, internally from investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to FCT. While this is a competitive process with no guarantee of promotion, the candidate is not competing against outside agencies or the general public. Applicants for FCT must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in behavioral, social science or related field.
- Three years of experience in case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs.
- Three years of experience in crisis intervention.
- Three years of experience in making recommendations as part of a client's service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits.
- Six months experience in health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention or rehabilitation.
- Three years of experience in interpreting laws, rules, regulations, standards, policies, and procedures.
- Six months experience in narrative report writing.
- Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving).

The division also has Casual Seasonal (C/S) Family Support Specialist positions that are typically hired at the lowest level, however in certain areas (Report Line) the casual seasonal positions are Senior Family Support Specialist. All casual seasonal positions are paid on an hourly wage basis.

New staff receives New Worker Training Cores and are evaluated for skill development of through 'Transfer of Learning Modules'. Each section includes instruction, activities working with a mentor, and assessment. The training also requires "shadowing" opportunities with experienced staff. New worker training is described in the training plan and training chart.

Here are other characteristics of DFS' child welfare workforce:

- Race statistics for the workforce are: 1% Asian, 1% Multi, 37% Black, and 56% White.
- 4% Hispanic.
- Salaries range from \$32,231 to \$51,138 across all positions.
- Supervisor to worker ratio standards are 1:5.
- Educational degrees (caseworker, supervisor, administration; N=315) - A Bachelor's in a behavioral, social science or related field is required for these positions.

Personnel transactions for CY2019 for DFS positions are: 75 hires/rehires, 7 retirements and 64 terminations. There were 298 staff transactions/changes during the year. The turnover rate was 15%.

As of March 31, 2020, investigation caseload average for fully functioning caseworkers is 16.7 (standard = 11) and treatment and permanency average caseload for fully functioning caseworkers is 13.4 (standard = 18).

Juvenile Justice Transfers

For the period April 1, 2019 to March 31, 2020, thirty-seven youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 4 and 5 began.

Education and Training Vouchers

From July 1, 2018 through June 30, 2019 the total number of youth receiving ETV was 38 including 19 new recipients. For July 1, 2019 through June 30, 2020 the total number of youth receiving ETV was 36 including 24 new recipients. (See Attachment: ETV Attachment D)

Inter-Country Adoptions

As of June 12, 2020, four children were adopted from other countries in FFY2019. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>)

One adopted child from China entered foster care August 2018 due to behavioral problems and attachment disorder; she exited to adoption March 2020. The initial adoption agency is not known. All adoptive families are eligible for post adoption services through A Better Chance For Our Children and two inter-country adoption families are receiving post adopt services.

Monthly Caseworker Visit Data

DFS will submit monthly caseworker visit data for FFY2020 per Section 424(f) of the Social Security Act by December 15, 2020.

XII. Financial Information

Payment Limitations – Title IV-B, Subpart 1

The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs. Delaware had no expenditure of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2021, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2021 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

Payment Limitations – Title IV-B, Subpart 2

For FFY2021, at least 20% of the allocation is spent within four categories of PSSF as follows:

- Family Preservation 20%
- Family Support 33%
- Reunification 24%
- Adoption 22%
- Administrative costs 0.8%

For FFY2018, expenditures for matching Title IV-B, subpart 2 funds totaled \$320,403 state funding; this exceeds the 1992 base year amount of \$155,126. The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs. FFY2018 expenditures were at least 20% of the grant for each of the four PSSF categories.

Payment Limitations Chafee Program

The Independent Living program confirms no more than 30 percent of the allotment of federal Chafee funds is expended for room and board for youth who have left foster care after the age of 18. DMSS tracks spending to ensure no more than 30 percent of Chafee funds are used for room and board.

FY2020 Budget Revision – CFS-101, Part I

(See Attachment: Delaware FY19 CFS-101 Part I Revision)

FY 2021 Budget Request – CFS-101, Parts I and II

(See Attachment: Delaware FY20 CFS-101 Part I and CFS 101 Part II)

FY 2018 Title IV-B Expenditure Report – CFS-101, Part III

(See Attachment: Delaware FY18 CFS-101 Part III)

XIII. Grant Applications

CHILD ABUSE PREVENTION AND TREATMENT ACT FFY 2021 SPENDING PLAN

Personnel	Salary	OECs	Health
0.5 FTE-Family Service Specialist: Investigates allegations of child abuse and neglect, implements Child Safety Agreements when indicated. Makes findings of abuse, neglect, and risk of future harm.	\$18,503	\$5,982	\$4,005
0.5 FTE-Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.	\$18,503	\$5,982	\$4,132
1 FTE- Family Services Program Support Administrator Supports Intake and Investigation Program Manager to monitor Plans of Safe Care	\$49,711	\$16,072	\$21,438
1 FTE- Senior Family Service Specialist- Investigates all SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.	\$39,376	\$12,730	\$8,010
Total Personnel Costs			\$204,444
Contractual			\$57,887
• Contract with the A. I. du Pont Hospital for Children For expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases		\$43,092	
• Contract with Holcomb Behavioral Health to implement Plans of Safe Care		\$14,795	
Travel			\$4,000
Training or conferences at local, regional or national levels			
Supply			\$4,000
Indirect Costs			\$3,061
Audit		820	
State Personnel Office Charges		577	
SWCAP		1,664	
TOTAL			\$273,392

**CHILD ABUSE PREVENTION AND TREATMENT ACT
APPLICATION FOR FFY2021
SPENDING PLAN DETAIL**

Proposed Activity:

- Salary, OEC, and health for a position in DFS to investigate reports of child abuse and ensure child safety:
 - 0.5 FTE – Family Crisis Therapist: Investigates and intervenes in family crisis situation related to the safety and well-being of child(ren)
- Salary, OEC, and health for positions in DFS to work with substance exposed infant (SEI) cases:
 - 0.5 FTE – Master Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
 - 1 FTE – Family Crisis Therapist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
 - 1 FTE – Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care

Amount of Federal Funding: \$204,444

Characteristics of Individuals to Be Served:

- Children at risk of abuse or neglect and their families.
- At risk children and their families due to prenatal substance exposure.

Geographical Area Served:

- Statewide for Family Services Program Support Administrator; New Castle County for investigation and SEI positions.

Objectives:

Investigation:

- Timely and quality investigations of child abuse and neglect allegations.
- Provide oversight and monitoring of interventions to ensure child safety.
- Apply child welfare best practices and evidence based interventions.

SEI Investigation:

- Timely and quality interventions with families where an infant has been prenatally exposed to substances to ensure child safety.
- Develop and monitor a Plan of Safe Care to address the health and substance exposure treatment needs of the infant and family.

Results Expected:

- Children are protected from repeat maltreatment.
- Enhanced family capacity to meet their own needs.

Measures:

- Reoccurrence of child maltreatment.

Proposed Activity:

- DFS will contract with A.I. DuPont Hospital for Children for expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases.
- DFS will contract with Holcomb Behavioral Health to implement Plans of Safe Care.

Amount of Federal Funding: \$57,887**Characteristics of Individuals to Be Served:**

- Children and families referred to the DFS hotline because of concerns about abuse or neglect or prenatal substance exposure.

Geographical Area Served:

- Statewide.

Objectives:

- Provide contracted family intervention and assessment services to at risk children and families receiving services from DFS.
- Ensure timely assessment of medical needs of children reported to DFS for alleged abuse or neglect.
- Implement Plans of Safe Care.

Results Expected:

- Enhanced family capacity to meet their own needs.
- Children are protected from repeat maltreatment.

Measures:

- Reoccurrence of child maltreatment.
- State Profile Permanency Measures.

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY2021
SPENDING PLAN**

Salary and OEC		192,817
Office of Children's Services		
1.0 FTE - Permanency Coordinator (PG 11)	61,250	
Office of Child Care Licensing positions		
1.0 FTE - Child Care Licensing Supervisor (PG15)	70,016	
1.0 FTE - Child Care Licensing Specialist (PG11)	61,550	
Contractual		849,542
Office of Children's Services will contract for family Support services as part of its child protective Service continuum	813,394	
Office of Child Care Licensing		
1.0 FTE – Administrative Assistant	36,148	
Supply		6,000
Indirect		5,740
Audit	2,375	
State Personnel Charges	1,731	
SWICAP	1,634	
Federal Funds	790,574	
State Matching Funds	263,525	
TOTAL STATE AND FEDERAL		1,054,099

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY2021
SPENDING PLAN DETAIL**

Proposed Activity:

- Salary and OEC for positions in the Office of Child Care Licensing (OCCL) to license, monitor and support day care providers:
 - FTE - Child Care Licensing Supervisor - supervising 5 licensing specialists with a total caseload of approximately 750 licensed facilities.
 - FTE - Child Care Licensing Specialist - responsible for a caseload of approximately 150 licensed childcare providers.
- Salary and OEC for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
1.0 FTE – Permanency Coordinator - works directly with the Adoption Program Manager
- 1.0 FTE – Administrative Assistant – performs administrative tasks supporting the functioning of the Office of Child Care Licensing. This non-state position is listed as a contractual expenditure on the budget summary.

Amount of Federal Funding: \$192,817

Characteristics of Individuals to Be Served:

- OCCL - Family day care homes providing care for 7-12 children by at least 2 caregivers in a residential or nonresidential setting and childcare centers providing care to 13 or more children for more than 4 hours per day.
- OCS - Children in the care and custody of the Division that cannot return to their own families and for whom permanency is needed.

Geographical Area Served:

- Statewide

Objectives:

OCCL

- Annual licensure and license renewal based on completed compliance reviews, complaint investigation reports, monitoring reports for required corrective action, negative enforcement reports, as necessary, in Kent and Sussex Counties.
- Maintain an efficient licensing function in New Castle County with licensing services delivered in a timely, efficient and effective manner.
- Efficient and timely response to the public, inquirers and applicants for licensing and licensees.

OCS

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or

- longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

Results Expected:

- Children in child care facilities are safe and thriving.
- Foster children achieve timely permanency.

Measures:

- Annual licensing visits to child care facilities.
- State Profile Permanency Measures.

Proposed Activity:

OCS will contract with community-based service providers for family interventionists and family support services.

Amount of Federal Funding: \$527,049

Characteristics of Individuals to Be Served:

- At risk children and families active with the Office of Children Services.

Geographical Area Served:

- Statewide.

Objectives:

- Provide contracted family intervention and family support services to at risk children and families receiving services from the Office of Children's Services.

Results Expected:

- Enhance family capacity to meet their own needs.
- Intact families are preserved and foster children are reunited with their families.

Measures:

- Reoccurrence of child maltreatment.
- State Profile Permanency Measures.

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2021
SPENDING PLAN**

Salary and OEC

OCS Staff Members	135,227
8 Staff Members dedicating at least 25% of their time toward reunification services to families with children in placement	

Contractual	1,140,883
--------------------	------------------

<i>Division of Prevention and Behavioral Health Services</i>	499,098 Federal
Contracts with five sites throughout the state to deliver family support and family preservation, fatherhood, healthy adult and community partnership building supports and services infusing fatherhood into service.	319,441 State Match

<i>Division of Family Services Office of Children's Services</i>	
Contracts to provide reunification support services, statewide	109,685 Federal
	2,659 State Match

Contracts to provide a continuum of adoption promotion/support services, statewide	210,000
---	---------

Administration	7,052
Program administration, supplies and materials to Support communication, education, training and program management	

Total Indirect	5,237
Audit	1,933 Federal
	966 State Match
State Personnel Charges	1,154
SWICAP	1,184

Federal Funds	966,299
State Matching Funds	322,100

TOTAL FEDERAL AND STATE	1,288,399
--------------------------------	------------------

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2021
SPENDING PLAN DETAIL**

Family Preservation and Family Support

Proposed Activity: Family Consultation and Support Services

DPBHS to provide Family Consultation and Support Services under Family Support and Preservation components of Title IV-B subpart 2 statewide by community based agencies using a family support approach and family centered practices. The PSSF consultation and support case management model incorporates evidence-based practices, assessment and planning tools aimed to empower and stabilize families by addressing the core stressors leading to child maltreatment.

The identified geographical service areas have higher rates of families prone to entering or re-entering the Division of Family Services. The program targets non-residential/non-custodial fathers as a protective factor in reducing stressors incurred by single mothers and increase child resiliency through positive father involvement.

Amount of Federal Funding: \$370,842

Characteristics of Individuals to be Served:

Fragile families with children 18 and younger (caretakers, homeless parents, non-residential fathers, foster parents and young adults residing in DE). Services are offered statewide to families who have never had any involvement or who are currently involved, or no longer involved with the Division of Family Services.

Geographical Area Served:

- Statewide

Objectives:

- Provide family consultation and support prevention case management and planning services addressing family stressors (parental characteristics, child behavior, coping abilities, knowledge of and access to resources).
- Increase family stability using a universal and selected prevention approach.
- Engage and retain fathers in consultation and support services.
- Transition service data to FOCUS.
- Conduct qualitative and quantitative data assessment and reporting.

Results Expected:

- Engagement: Services are accessible to the community where providers may meet with the program participants either at their home or a location conducive to the program process. Per contract year, each site shall engage at least 50 families for the family consultation and support services.
- Retention: Per contract year, each site shall retain at least 35 families for the family consultation and support services. Retention is defined as a participant who completes all

of the PSSF pre/post consultation and support family forms, reaches at least two goals and completes the program participant satisfaction surveys.

- Support Only Referrals: Per contract year, each site shall serve at least 300 individuals to appropriate services and resources. Individuals are defined as all family members documented on the Family Information Registration Form. This count includes:
 - A participant who does not complete a post-family assessment, however completes their family goals.
 - A participant who does not complete two goals.
 - A participant who wants to receive resource referral services only.

Measures:

- Reduction of stress measured by Pre/Post Family Forms and Participant Satisfaction Survey.
- Number of families, children and adults receiving services.
- Number of participants connecting to services and supports.

Delaware Fatherhood and Family Coalition

Proposed Activity: Family Support - Coalition Building: Fatherhood and Healthy Adult Relationship Initiative

DPBHS to support fatherhood initiatives through community based partnerships promoting effective co-parenting, healthy father-child relations and healthy family relationships. The initiative uses state and local coalitions as the organizational structure to empower communities using universal and selected prevention approaches. Coalitions govern evidence based practices, parenting curriculums, communications and materials used by a network of fatherhood service providers.

Amount of Federal Funding: \$128,256

Characteristics of Individuals to be Served:

The DE Fatherhood and Family statewide coalition structure consists of at-large members, leaders from the County Leadership Coalitions (CLC), partners, and volunteers statewide committed to fatherhood. Recipients of the supports and services are all Delawareans.

Objectives:

- Develop and pilot measurement tools assessing paternal engagement and parenting skills.
- Strengthen fatherhood infrastructure, programing and collaborations, addressing the unique needs of fathers.
- Strengthen the infrastructure of the Delaware fatherhood initiative to bridge profit and not-profit organizations.
- Support resources assisting parents to navigate child support, Family Court for custody and visitation, Division of Social Services and schools.
- Strengthen new membership training.
- Promote fatherhood involvement through volunteerism.
- Recruit fathers to participate in fatherhood initiative programing and service activities.
- Provide non-traditional fatherhood parenting and co-parenting workshops and technical assistance to individuals and communities.

- Distribute research based educational articles, tips, service, community and navigational information on the DFFC website.
- Establish a single agency Fatherhood Initiative Service Coordinator to coordinate the fatherhood initiative activities.

Results Expected:

- Engaged and retained community organizations to facilitate fatherhood community-based workshops and grassroots dialogue sessions.
- Strengthened leadership skills for the CLC officers.
- Reduction of maltreatment by non-custodial/non-residential fathers.

Measures:

- Satisfaction survey responses to fatherhood activities.

Proposed Activity: Reunification

Serve families statewide who have children placed in foster care due to abuse, neglect and/or dependency. These families are identified as candidates to reunify within 12 months. Office of Children's Services caseworkers serve these families. Families may also receive contracted services to expedite reunification through family support or parent aide services.

Amount of Federal Funding: \$135,227

Characteristics of Individuals to Be Served:

- Families with children in foster care due to abuse, neglect or dependency with a reunification permanency plan.

Geographical Area Served:

- Statewide

Objectives:

- Identify risk factors and needs that resulted in foster care placement.
- Provide support services as identified in case planning to reduce risk and promote reunification.

Results Expected:

- Timely reunification for foster children and their families.

Measures:

- Foster care exits to permanency within 12 months of entering care.
- Reentry into foster care within 12 months of reunification.

Proposed Activity: Adoption Promotion and Support

Serve children seeking permanent families statewide. Promote recruitment, approval and support for adoptive resources in Delaware and the nation.

Amount of Federal Funding: \$210,000

Characteristics of Individuals to Be Served:

- Children seeking permanent families and in the custody and care of the state.
- Adoptive resource families are recruited, approved and supported by this service.

Geographical Area Served:

- Statewide and national

Objectives:

- Build capacity for adoptive resources.
- Support adoptive placements in Delaware and nation to ensure permanency for children.

Results Expected:

- Timely adoption of foster children needing permanent homes.

Measures:

- Foster care exits to permanency with a plan of adoption.
- Foster care reentries of adopted children.

Proposed Activity: Family Support Services

Serve children with goal of reunification with their families and intact families through community based service contracts.

Amount of Federal Funding: \$109,685

Characteristics of Individuals to Be Served:

- Children seeking permanency in the custody and care of the state with goal of reunification.
- Intact families with child abuse and neglect risk factors.

Geographical Area Served:

- Statewide

Objectives:

- Identify risk factors and needs that resulted in foster care placement or protective supervision.
- Provide support services as identified in case planning to reduce risk, preserve family stability and achieve reunification.

Results Expected:

- Timely reunification of foster children with family and relatives.
- Reduction of risk factors preventing out of home placements.

Measures:

- Foster care exits to permanency within 12 months of entering care.
- Reentry into foster care within 12 months of reunification.
- Foster care entry rates for intact families.

**TITLE IV-B SUBPART 2 - MONTHLY CASEWORKER VISIT (MCV)
APPLICATION FOR FFY2021
SPENDING PLAN**

Contractual	82,670
--------------------	---------------

DFS applies MCV funds and state matching funds to foster care provider contracts supporting monthly visits with foster children with the majority of visits occurring in the foster home.

Federal Funds	62,003
State Matching Funds	20,667

TOTAL STATE AND FEDERAL	82,670
--------------------------------	---------------

Proposed Activity: Monthly Caseworker Visits

For this budget application period, Delaware is requesting \$60,571 federal IV-B, subpart 2 funds supporting caseworker visits. The expected period of expenditure will be SFY2021; federal funds will be liquidated by December 31, 2021 or as declared by the Children's Bureau. Caseworker visit funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

This proposed activity supports DFS' policy on foster child contacts which states children are to be seen monthly and a majority of the contacts be in the child's residence. The policy website is: <http://kids.delaware.gov/policies/dfs/fs-user-manual.pdf> Placement Chapter #4, Section G.

Amount of Federal Funding: \$62,003

Characteristics of Individuals to be Served:

- Foster children ages 0-17.

Geographical Area Served:

- Statewide

Objectives:

- Frequent visits with foster children.

Results Expected:

- Absence of maltreatment in foster care settings.
- Timely exits to reunification or other permanent homes.
- Compliance with state and federal standards for monthly caseworker contacts.

Measures:

- Monthly caseworker visit measures for monthly frequency and location.

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY2021
SPENDING PLAN**

Personnel	Salary	OECs	Health
1.0 FTE Program Manager (PG 18) Oversees statewide program operations	\$55,827	\$18,049	\$8,010
1.0 FTE – Administrative Specialist I (PG 7) Provides administrative support to Program Manager	\$28,048	\$9,068	\$8,204
Total Personnel Costs			\$127,206
Contractual			2,313,527
Six agencies provide independent living services, and room and board to youth 16 to 21 years of age. The agencies assist youth in care with participation in age and developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning	2,296,527		
Youth Advisory Council annual expenditures	9,042		
Annual activities to support youth and staff	7,958		
Supplies			507
Monthly council meetings, leadership training and conferences for Youth Advisory Council members			
Travel			8,420
Attendance at national conferences			
Program Administration Supplies			4,000
Indirect			3,761
Audit	1,500		
SWICAP	1,107		
SPO Charges	1,154		
Federal Funds	500,000		
State Matching Funds	125,000		
Additional State Funds	1,832,421		
TOTAL STATE AND FEDERAL			2,457,421

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY2021
SPENDING PLAN DETAIL**

Proposed Activity:

Federal funds resource 2 full time positions at the state level to oversee independent living programming, both internal and external to the agency.

- FTE Program Manager (PG 18) will oversee statewide program operations.
- FTE Administrative Specialist I (PG 7) will provide support services to the Program Manager and assist in data management.

The Division of Family Services will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for IL services. The ILP Manager and Administrative Specialist coordinate and oversee statewide independent living policies, programming and community-based contracts. The IL team coordinates training for staff, foster parents and community partners. DFS will host statewide youth conferences and leadership development workshops. Members from YAC will participate in National Youth Leadership Conferences. The Independent Living Program Manager collaborates with community partners and federal programs to strengthen the services and supports available to youth.

Amount of Federal Funding: \$127,206

Characteristics of Individuals to be Served:

The program provides services to foster youth and former foster youth between the ages of 14 to 21. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

Geographical Area Served:

- Statewide

Objectives:

- Efficient management of quality services, policies and outcomes contributing to self-sufficiency of foster youth and young adults.

Results Expected:

- Youth obtain the services necessary to obtain independence.
- Youth make healthy lifestyle choices.
- Youth make sound financial decisions.

Measures:

- Rate of eligible youth enrolled in independent living programs.
- National Youth in Transition Database survey results for education, employment, housing and connections with caring adults.

Proposed Activity:

DFS will contract with community-based providers to provide independent living services. Contractors will ensure that youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning.

Amount of Federal Funding: \$356,106

Characteristics of Individuals to Be Served: The program will provide services for foster youth and former foster youth between the ages of 16 to 21. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

Geographical Area Served:

- Statewide

Objectives:

- Provide planning and services for money management, employment readiness, educational success and positive social interactions for foster teens ages 16 and 17.
- Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 21 years of age.
- Provide opportunities for youth to advocate for their own needs.

Results Expected:

- Successful transition from dependency to self-sufficiency.
- Youth achieve the highest level of education and training according to their personal goals and ability.
- Youth have employment choices supporting self-sufficiency and a reasonable standard of living.
- Youth have safe and appropriate housing.
- Youth have positive interactions with dedicated, caring adults.

Measures:

- National Youth in Transition Database survey responses for post-secondary education enrollment and level achieved.
- National Youth in Transition Database survey responses for employment.
- National Youth in Transition Database survey responses for housing arrangement.
- National Youth in Transition Database survey responses for connections to caring adults.

**EDUCATION AND TRAINING VOUCHERS (ETV)
APPLICATION FOR FFY2021
SPENDING PLAN**

Contractual **94,254**

DFS partners with the Office of the Child Advocate to administer ETV programming. OCA allocates funds to colleges, training programs, in partnership with contracted independent living agencies or eligible youth. Funds are used for college tuition and fees, supplies and equipment, books, room and board, transportation, dependent care, and other costs associated with completing a training or educational program.

Tuition and Fees	45,352
Supplies and Equipment	10,000
Room and Board	33,754
Transportation	3,000
Dependent Care	1,922

Indirect Costs

Audit Fees	226
------------	-----

Federal Funds	75,403
State Matching Funds	18,851

TOTAL STATE AND FEDERAL **94,254**

Proposed Activity: Provide youth who are enrolled in a postsecondary education or training program with needed funds to assist with completion of the educational or training program.

Amount of Federal Funding: \$75,403

Characteristics of Individuals to Be Served:

Young adults exiting foster care at age 18 and attending post-secondary education and vocational programs. Young adults adopted after age 15 and attending post-secondary education and vocational programs.

Geographical Area Served:

- Statewide

Objectives:

- Provide a user friendly ETV application process for eligible students.
- Provide financial aid to eligible post-secondary students.

Results Expected:

- Successful completion of post-secondary education and vocation programs.
- Youth making responsible, healthy lifestyle choices.

Measures:

- National Youth in Transition Database survey responses for post-secondary education enrollment and level achieved.